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**An exploration of the critical success factors associated with
implementing a Public Health Plan in Local Governments within
Western Australia**

This thesis is in partial fulfilment of the degree of

Master of Public Health

Anne Polley

Edith Cowan University
School of Medical and Health Sciences
2019

Abstract

Public Health planning in local governments in Western Australia (WA) is a relatively new approach to addressing local health needs. The *Western Australian Public Health Act* came into effect in 2016. The *Public Health Act 2016* encompasses a range of legislative requirements, some of which include the development of Local Public Health Plans. A range of roles within the local government workforce therefore are likely to require support to plan and implement Public Health Plans, which in the past have not directly been a component of their role. There is limited understanding and evidence of the barriers and enablers that contribute to effective implementation of Public Health Plans in the Western Australian context. The research aims to determine the critical success factors associated with implementing Public health Plans in local governments within Western Australia.

This exploratory study encompassed a series of case studies from local governments in Western Australia that had implemented a Public Health Plan. Data was collected via in-depth interviews and document analysis. The results of this study articulate local government staff perspectives about the challenges and barriers faced when implementing a Public Health Plan. This study informs discussion around the training and resource requirements of staff in local governments in WA tasked with the development and implementation of Local Public Health Plans.

Acknowledgements

I would like to thank my supervisors for their enduring support, ideas, passion and guidance. I would like to acknowledge and thank my Co Principal supervisor Professor Jacques Oosthuizen for inspiring me to embark on my Masters journey. I appreciate your support and enduring faith in my abilities. To Associate Professor Melissa Stoneham, I would like to thank you for your industry focussed knowledge, practical support and efficient feedback throughout my project. Thank you for your support to engage with local governments in the study and for sharing your breadth of experience in partnership building and research in local government settings. Thank you to my Co Principal Supervisor Dr Leesa Costello. Your substantial knowledge regarding Qualitative methodology and approaches was especially helpful. Thank you for guiding the development of my academic writing and extending my data analysis skills.

I would like to extend my deepest gratitude to the hard working staff and elected members within the local government sites that I interviewed as part of the study. Thank you for your valuable insights, interpretations and personal reflections. Additional thanks are extended to the Western Australian Local Government Association (WALGA) for supporting me to access relevant local government data.

I would like to acknowledge and thank the Systems and Intervention Research Centre for Health (SIRCH) at Edith Cowan University who provided a grant to support travel to remote study sites.

To my husband Tim, thank you for your encouragement, support and generally keeping our household 'operational' whilst I was busy completing the study. To my girls Josie and Mollie, thank you for accepting that at times, I couldn't attend school and sporting events that were important to you. I hope that as your mother and mentor, undertaking this research encourages you to aim high to achieve your personal and academic achievements.

Finally I would like to acknowledge the support of my late friend and mentor Dr Ray James who inspired in me, a love of Public Health, a passion for prevention and the desire to make the world a more equitable, healthy and enriching space.

Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

- i. Incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;*
- ii. Contain any material previously published or written by another person except where due reference is made in the text of this thesis; or*
- iii. Contain any defamatory material;*

Signed:

A solid black rectangular box used to redact the signature of the author.

Date: 22/07/2019

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List of Abbreviations

AR	Annual Reports
CBP	Corporate Business Plan
DOHWA	Department of Health Western Australia
DOI	Diffusion of Innovations Theory
EHO	Environmental Health Officer
HPO	Health Promotion Officer
LGO	Local Government Officer
KPI	Key Performance Indicator
LG	Local Government
LGBP	Local Government Business Plan
MOU	Memorandum of Understanding
MPHP	Municipal Public Health Plans
PH	Public Health
PHP	Public Health Plan
PHAIWA	Public Health Advocacy Institute of Western Australia
SCP	Strategic Community Plan
SDOH	Social Determinants of Health
VDHS	Victorian Department of Human Services
WACHS	Western Australian Country Health Services
WALGA	Western Australian Local Government Association
WADLGC	Western Australian Department of Local Government and Communities
WA	Western Australia
WHO	World Health Organisation

Chapter 1: Introduction

Local governments in Western Australia (WA) can be described as the ‘grass roots’ level of government responsible for ensuring appropriate services and facilities are provided to meet the needs of local communities. There are 138 local governments in WA, made up of Shires, Towns and Cities, spanning an area of 370,000 square kilometres (WA Department of Local Government and Communities [WADLGC] 2017). Aside from the provision of services, local governments develop local laws to support quality governance within communities, fulfilling a range of legislative and executive functions (WADLGC, 2017; WA Local Government Association [WALGA], 2017).

In WA, the *Local Government Act 1995* (State of Western Australia, 2011) allows provisions for local governments to actively support and protect the health and wellbeing of individuals and community members, ensure public participation in decision making, provide powers to develop local laws and to respond efficiently and effectively to community needs (WADLGC, 2017). The *Local Government Act 1995* has been amended to allow Local Governments to develop local laws relating to public health issues (WALGA, 2017).

The Western Australian *Public Health Act* came into effect in July 2016, replacing the *Health Act 1911* (Department of Health Western Australia [DOHWA], 2016; WALGA, 2017; WA Parliament, 2014). The *Public Health Act 2016* encompasses a range of legislative and regulatory requirements, implemented in a staged manner (DOHWA, 2017). The *Public Health Act 2016* dictates that local governments are responsible for a range of obligations including the appointment of designated officers to respond to health needs, general public health duties, public health planning and where appropriate, the preparation of public health assessments (DOHWA, 2016).

The purpose of the Act is to, ‘protect, promote and improve the health and wellbeing of the public of Western Australia and to reduce the incidence of preventable illness, and for related purposes’ (DOHWA, 2016, para 1). The Act includes 5 stages of implementation over three to five years, with stages 3 and 5 requiring local governments to appoint Authorised Officers to address public health issues and to prepare a Local Public Health Plan (PHP), reflecting the unique needs and local health priorities of the local area (WALGA, 2017). It is envisaged that PHPs will identify and address local community needs and align with the State Public Health Plan, of which a draft was released by the Department of Health WA in 2017 (WALGA, 2017; Stoneham and Associates and the Public Health Advocacy Institute Western Australia [PHAIWA], 2017). It will be several years from 2019, until the State Public Health Plan is published and stage 5 of the *Public Health Act* is enacted (DOHWA, 2017).

1.1 Background to the study and relevant literature

Public health planning is an integrated and coordinated approach to address the determinants of health and wellbeing within a community. Public health planning allows local governments to both acknowledge

and address local health issues via an integrated and consultative approach (WALGA, 2017; Stoneham, 2011). The literature supporting existing public health planning initiatives in an Australian context is largely based on grey literature, for example, government documents framed around planning approaches used in local government settings. Relevant and recent Australian literature has been referred to here to provide background and context to the study.

Historically, local governments throughout Australia have worked in partnership with the health sector to undertake different approaches to public health planning to create and sustain healthy communities (Harris and Wills, 1997). Approaches such as the 'Healthy Cities project' 'Healthy Localities Project' and implementation of the 'National Partnership Agreement on Preventive Health', a former initiative of federal and state governments, aimed to engage local governments to work with local communities to develop solutions to local health issues (World Health Organisation [WHO], 2012; Department of Health and Ageing, 2012). Evaluation of these approaches indicated that they were met with suspicion by local governments, low levels of support were provided by the health sector to initiate change and the success of programs anchored on the knowledge, skills and expertise of the project staff (Lawless, Lane, Lewis, Baum, & Harris, 2017).

A range of public health planning models and frameworks have been utilised in a number of Australian states to address public health issues. In Victoria, Public Health approaches are structured around local governments who develop localised Municipal Public Health and Wellbeing Plans (MPHP) (Victorian Department of Human Services, [VDHS] 2001) to address targeted health and wellbeing priorities. MPHPs are developed as a requirement of the Victorian *Public Health and Wellbeing Act 2008*, historically guided by the Ottawa Charter for Health (World Health Organisation, 1986). Planning guides such as, '*The Guide to municipal public health and wellbeing planning*' (VDHS, 2013); and the, '*Advice for public health and wellbeing planning in Victoria: planning cycle 2017-21*' (VDHS, 2017), were developed to guide Victorian local governments in their public health planning. Of particular emphasis, are 'place based approaches' (VDHS, 2017) that identify multiple determinants of health and wellbeing, community strengths and community engagement as the cornerstones of effective public health planning within a local context.

Legislation has been enacted in South Australia with the *Public Health Act 2011* (Jolley and Barton, 2015) requiring local governments to be responsible for the protection and promotion of public health. Local governments were supported to integrate public health into their existing local government planning processes, guided by the South Australian Public Health Plan and Public Health Partner Authorities, identified as support agencies to share the role of plan implementation (Government of South Australia, 2013).

In other States and Territories throughout Australia, Public Health Acts dictate that local governments are required to respond to and support population health protection and prevention in a local context, via a range of provisions and approaches (Government of New South Wales, 2010; Local Government of NSW, 2016; Queensland Government, 2005; ACT Health, 2013; Department of Human Services Tasmania, 2015; Northern Territory Department of Health, 2016). Whilst significant developments have been undertaken to advance public health planning in local governments throughout Australia, Victoria, South Australia and WA are the only states with a specific mandate to incorporate public health planning into their Public Health Acts (WALGA, 2017).

1.2 Global contrasts

When exploring the public health planning models and approaches used internationally, it is important to consider the legislative context that guides the foundation for planning. In the United Kingdom, local government are required to support the development of health protection programs in their respective municipalities, however there is no specific requirement to develop a PHP (Department of Health United Kingdom, 2012). In the United States, public health planning in local government is supported by a National Health Policy Standards Framework (National Association of County and City Health Officials, nd). The framework seeks to guide the development of local public health assessments in partnership with a range of non-government agencies, however there is no specific mandate or legislative requirement for local government to develop a PHP. Whilst acknowledgement of the global public health planning context is important in a broader context, the international perspective varies to local public health planning approaches within Western Australia, given the contrasting legislative structures.

1.3 Public Health Planning in Local Governments; Western Australia

An emerging body of research has examined public health planning in local governments within a Western Australian context. Stoneham and Associates and PHAIWA (2014) compiled a series of case studies to examine the models and planning frameworks used by local governments to formulate public health plans. A number of critical success factors were determined to support the development of public health plans. These included the existence of local champions to support planning and internal advocacy to foster political commitment to initiate public health planning. A number of local governments undertook compatibility policy appraisals to align local public health plans and approaches with existing state and national policies to address public health issues. The majority of the local governments studied collected local health data and undertook a range of consultation strategies including online surveys, hard copy surveys, discussion groups, workshops and face to face interviews with staff, community members and external agencies to identify local public health priorities. Whilst the health priorities differed between the Councils and Shires included within the study, the research indicates that the development of local public

health plans can involve a diverse range of strategies, reflecting the unique mix and ‘flavour’ of each local government area (Stoneham and Associates and PHAIWA, 2014).

In 2017, WALGA administered a Local Public Health planning survey to local government in metropolitan, regional and rural areas throughout WA (WALGA, 2017). The purpose of the survey was to investigate which local government had initiated local public health planning and to identify the health issues that local government would like to see as priorities addressed in the State Health plan. The survey was initiated in response to concerns expressed by local government staff about perceptions of capacity to develop public health plans. Of the 38 responses to the survey, ‘30% had developed a public health plan, 55% had not and 15% were in the process of developing a plan’ (WALGA, 2017, p28). Respondents also indicated that they required support to prepare and implement public health plans in the form of additional funding, access to tools and resources and practical plan examples to support the planning process. The results of the survey do not indicate how many local governments in WA have developed a public health plan, nor how many are yet to implement their public health plans, thus presenting an opportunity for further research.

As indicated in Part 5 of the *WA Public Health Act 2016*, local governments are required to prepare a local public health plan (DOHWA 2016). The specific components and inclusions within the local public health plan are driven by the health needs, a range of social and environmental factors specific to the local government region in which the plan is being devised. The development of a public health plan involves a range of strategies, some of which include consultation, data gathering and analysis to approach health issues (WALGA, 2017). The recent release of the Interim State Public Health Plan (DOHWA, 2017) provides clarification as to the objectives and policy priorities outlined within the *Public Health Act*. The release of the Interim State Plan clarifies the requirements of local government, that being to align to state public health priorities where they are applicable and relevant to local priorities and objectives (DOHWA 2017).

Within a broader planning context and based on the requirements of the *Local Government Act 1995*, under section 5.56(1), local governments are required to develop a ‘Strategic Community Plan’ (SCP) and a ‘Corporate Business plan’ (CBP) to guide service delivery and ensure effective resource allocation to achieve the community vision, planned outcomes and priorities (Western Australian Department of Local Government and Communities [WADLGC] 2016). Where practicable, local public health plans are to align with and contribute to, the ‘Strategic community plan’ (DOHWA, 2017; Stoneham and Associates & PHAIWA, 2017).

A range of supporting tools and frameworks have been utilised by local government in WA to guide the development of public health plans and support the implementation process. The local government consultancy service, Stoneham and Associates and the Public Health Advocacy Institute (PHAIWA)

developed a range of supporting tools to guide plan development and implementation (Stoneham, 2011; Stoneham and Associates and PHAIWA 2017). The DOHWA (2010), WALGA (2016) and the DWADLGC (2016) released guides to support public health planning and implementation with a predominant focus on integrated planning, reporting and monitoring. More recently, in 2018, the DOHWA developed a range of supporting tools, resources and information sessions to support local governments to both plan and implement a PHP. A specific planning tool, released in March 2018, clearly delineates the contributions that the State Government and Local Governments in Western Australia can make to enhance Public Health efforts, purporting the recognition within Local Governments, to identify available assets, resources and capacity to address local public health challenges and formulate appropriate actions to address them (DOHWA, 2018). Complementing the tool, a series of information sessions regarding mandatory and optional reporting were made available to representatives from local governments across WA, by the Environmental Health Directorate DOHWA, to support public health planning efforts, to clarify their role in public health action development and confirm compulsory reporting requirements (DOHWA, 2018).

1.4 Local government capacity to support public health initiatives

Jolley and Barton (2015) explored the factors that facilitate successful implementation of health promotion initiatives via review of the '*City of Marion Healthy Communities Initiative 2011-2014*'. Having a focus on the reduction in obesity prevalence, the initiative was deemed successful due to facilitating factors, namely the program adapted to local needs, support and resources were provided to immediate staff and elected members to ensure organisational capacity and key program outcomes were driven by a dedicated advisory group. This suggests that local government capacity to deliver health promotion and public health programs is enhanced with sufficient infrastructure, a commitment to health promotion and the support of collaborative partners (Jolley & Barton, 2015).

Research undertaken with Victorian local governments (Pettman et al., 2013) suggests that local governments tasked with the responsibility of planning and implementing public health programs require access to funding, training and significant shifts in organisational culture to develop capacity to undertake effective public health planning. Barriers to effective planning and development of health promotion programs included insufficient capacity and confidence to deliver programs, a lack of guidance and insufficient resources to support evidence informed health promotion planning (Pettman et al., 2013).

The capacity of local governments to respond to the social determinants of health (SDOH) and health equity was explored by Lawless, Lane, Lewis, Baum and Harris (2017). Undertaking an examination of the awareness and perceptions of the SDOH from staff within local governments across NSW and SA, the study identified that staff overall had a broad understanding of the SDOH, however additional research relating to the practical implementation of interventions was required to maximise the potential for local government to improve population health and address health inequity. Lawless et al (2017) present a case for a

national public health framework and affiliated funding program to support local governments to address the SDOH and address health inequity through provision of research and evidence to guide system wide commitments to effective public health interventions.

The evidence suggests that the capacity of Local Government within WA to fulfil the requirements of the *Public Health Act 2016*, specifically relating to the implementation of Local Public Health plans, are largely unknown. A recent discussion paper by Jones (2017) perceives the *Public Health Act 2016* as a vehicle to address the need for preventive health programs in local government and place greater emphasis on an allocation of resources in this area. Jones (2017) argues that local government can effectively deliver preventive health initiatives and presents a case for the redirection of funds to support local governments to deliver frontline preventive health services to address lifestyle related diseases within a local context.

Historically, local government facilitated public health actions in WA have focussed on disease control and environmental protection, namely in the areas of water quality, waste management and sanitation (WALGA, 2017; Jones, 2017). These are fundamentally important, however a broader focus is required as obligated under the *Public Health Act 2016* (DOHWA, 2017). Local governments are now required to respond to a range of complex factors impacting on community health and wellbeing, culminating in public health planning and the development of a PHP.

To support the completion of a PhD thesis, Davey (2007) undertook a comprehensive exploratory study to determine the achievements, barriers and success factors associated with public health planning and implementation in municipalities in Queensland (QLD). Utilising an evaluation framework and a case study approach, the study examined the degree of collaboration required to implement plans, along with an analysis of organisational strategic management issues that impact of public health plan implementation outcomes in two Municipalities in QLD. Davey (2007) established that insufficient resources, staff turnover, inadequate timeframes and accessing ongoing support to develop new initiatives were valid barriers to effective implementation. Whilst there is no legislative mandate that requires local governments in QLD to develop and implement Public Health Plans, the study highlights the challenges experienced when implementing a PHP. A study of this nature is yet to be undertaken in WA.

As previously described, the literature provides examples of effective tools that can be utilised to support public health planning (Government of South Australia, 2013; VDHS, 2013; VDHS, 2017; Stoneham and Associates and PHAIWA, 2017) case study examples of approaches to public health planning in local governments in WA (Stoneham, 2014), along with a range of studies to explore the resource and training needs of Local governments to implement public health plans in WA (WALGA, 2017). Despite studies exploring public health planning models utilised in local governments within Australia, and evidence to

indicate barriers, achievements and success factors to municipal public health planning and implementation in other states (Davey 2007; Browne 2017), there are no existing studies that directly explore the barriers and enablers experienced by local government staff within local governments in WA to contribute to the implementation of a local PHP.

Given that local government require employees to develop and implement Local PHPs (WALGA, 2017), a sound knowledge of enablers and critical success factors to assist the implementation stages of transition requires consideration. This study reflects on the experiences of local government officers in Local Government Associations and other roles who have implemented a PHP and explores the successes and challenges of this approach.

1.5 Significance of the study

Public health planning in local government in WA is a relatively new approach to addressing local health needs. Whilst recent legislative requirements introduced by the Department of Health WA, have provided renewed interest in public health planning at a local government level, there is limited understanding and evidence of the barriers and enablers that contribute to effective implementation of PHPs. This research addresses a gap in the literature, by investigating the reasons why local governments who have developed a PHP are yet to fully implement their PHPs. The literature does provide evidence of effective approaches to develop public health plans in the Western Australian context (Stoneham and Associates and PHAIWA, 2017) however there is limited, if any research that explores effective public health plan implementation; barriers and success factors within Western Australian local governments.

The results of this study articulate local government staff perspectives about the challenges and barriers faced when implementing a PHP. This study is significant in that it informs discussion around the training and resource requirements of staff in local governments in WA tasked with the development and implementation of Local PHPs.

Chapter 2: Methodology

The purpose of this chapter is to provide an overview of the research process and to justify the researcher's selection of research methods within the context of the study.

The principal design of this research is exploratory and constructionist in nature, whereby meaning is developed based on the interpretation of subjective information derived through the study (Yin, 2014). The study approach was guided by Crotty's (1988) research design components to sequentially plan each step in the study. Each of Crotty's (1988) steps including the epistemological perspective, the selected methodology used and the specific methods employed, are described within the context of the study below, clarifying the overarching research design.

Constructionism (Cresswell 2014) utilised in this study, is based on the assumption that meaning is constructed via interpretation of phenomena, with meaning generated through rich, thick descriptions (Merriam, 2009; Taylor and Francis, 2013). A qualitative approach was undertaken to provide an analysis of the planning and implementation effects on the local government staff engaged in plan implementation (Cresswell, 2014; Baum, 2015). The use of qualitative methods, namely in depth interviews, allowed the researcher to evaluate interviewee comments in an attempt to understand their experiences and to generate meaning (Baum, 2015; Yin, 2014).

2.1 Research Question

This research aims to answer the question: What are the critical success factors associated with implementing a Public Health Plan in local governments within WA?

Sub questions

- What are the enablers that support the implementation of a Public Health Plan?
- Are there barriers that prevent local governments from implementing a Public Health Plan and what are they?
- Do local government staff in WA perceive they have the resources and capacity to implement the strategies within their Public Health Plans?

2.2 Conceptual framework

This study is not bound by preconceived theories or frameworks, however a number of theories were utilised to guide the research;

- Diffusion of Innovations Theory (DOI) (Rogers, 2003) has been utilised to explore how an idea or product gains momentum over time to spread or diffuse throughout a specific population (Green and Tones, 2010). Diffusion is considered by Rogers (2003) to be "the process by which an innovation is communicated through certain channels over a period of time among members of a

social system” (p. 117). DOI theory has been used in a range of contexts and settings to explore both the stages of innovation and to identify factors that influence the adoption of innovation (Green and Tones, 2010) within a population. When promoting an innovation, such as the implementation of a Local PHP to local governments, it is necessary to understand the characteristics of Local Governments that either hinder or promote the adoption of innovative public health implementation strategies. The DOI was utilised to assess and categorise the adoption of public health implementation innovation, in the sample local governments within the study to support the selection of study sites.

- Self efficacy theory (Bandura, 2004) and collective efficacy theory (Bandura 2004; Wickes, Hipp, Sargeant, and Homel 2013) were used to assess local government staff perceptions of confidence to undertake public health planning and implementation as individuals and within the broader context of the organisation

The utilisation of a range of qualitative methods provided an opportunity to source a range of tools and techniques to adequately assess the public health planning and implementation process (Cresswell, 2014; Baum, 2015). Qualitative inductive assessments of the achievements, barriers and success factors associated with implementing a public health plan were undertaken.

2.3 Case study design

The study involved the completion of three case studies using a holistic, multiple case study design (Yin, 2014). Case studies have been used effectively in the past to explore the range of public health planning strategies utilised in local governments across WA (Stoneham and Associates and PHAIWA, 2014) and to explore strategies that guide informed decision making processes and policy development in local governments (Stoneham and Dodds, 2014). This study incorporated the collection of qualitative data via in depth interviews with local government staff in WA, responsible for the implementation of the components of a PHP. Furthermore, document review and analysis was undertaken of strategic plans, business plans, annual reports and other internal planning documents, to closely examine the stages of PHP implementation in each case study site. Case studies were chosen as a method of presenting an in depth analysis of enablers and barriers to implementation and showcase responses from Local Government. The research sought to investigate the critical success factors for effectively implementing a Public Health Plan (Baum, 2015; Cresswell, 2014). The use of this design presented an opportunity to strengthen the findings and collect a range of data sources in the form of artefacts, planning documents, and evaluation tools (Yin, 2014; Cresswell, 2014).

2.4 Recruitment and selection of participants

Primary purposive sampling was undertaken to select participants from a range of local governments in WA who have developed a PHP. The support of the WALGA was sought to access a database, containing the contact details of the 138 local governments in Western Australia, along with contact details of staff within local governments who had responded to prior surveys undertaken by WALGA. Based on evidence accessed from WALGA (Personal Communication E. Devitt-Rix, WALGA 11/04/2017), WALGA publications, the PHAIWA, engagement with local government public health planning consultants and a range of staff within local governments across Western Australia, it was determined that 20 local governments in WA had developed a PHP, seven were in the process of developing a plan, with the remainder yet to develop a plan.

To select the study sample, 20 local governments in WA who had developed a PHP were identified, with 10 located in the Perth Metropolitan area and 10 located in regional and remote areas. A total of three local governments were randomly selected to take part in the study, comprising of one Local Government based in the Perth Metropolitan area and two based in regional and remote areas of WA. Staff who were identified as the key drivers in plan implementation within the three study sites were approached by phone and email to undertake an interview.

2.5 In depth interview procedure

The in depth interview consisted of a series of open ended questions. The following literature guided the development of the interview questions:

- Perceptions of self efficacy in program planning (Li, Chen, Hsu, Lin, & Chrisman, 2012; Bandura, 2004)
- Enablers and barriers to implementation success (Jolley & Barton, 2013).
- Public health planning experience (Davey, 2007)

The interview protocol comprised of a series of 18 open ended questions, structured to elicit qualitative information (Appendix 2). The interview questions were pre tested with a group of staff in local governments with experience in public health plan implementation, to refine and assess the suitability of questions (Turner, 2010).

The interview protocol allowed the researcher to record the interviewee's role, contact details along with the date and time that the interview was undertaken. The initial questions required interviewers to indicate their role and the length of employment within their current local government. Interviewers were then asked to clarify their specific role in the implementation of a public health plan and to describe their perceptions of confidence to implement the components of a public health plan that they were responsible for.

Participants were invited to participate in the interviews via initial telephone call and then with a follow up email (Appendix 3) containing an information letter (Appendix 4) outlining the purpose of the study and a consent form (Appendix 5). Of the eleven in-depth interview participants, ten were interviewed in person at the three local government case study sites. Due to logistical issues and being located in a regional setting, one participant was interviewed over the phone. Interviews were undertaken between the months of March and June in 2018.

2.6 Data Analysis

In depth interviews

The interview data were transcribed verbatim, audio recorded, de-identified and reviewed for transcript accuracy. All eleven transcripts were entered into QSR NVivo 11 (QSR International Pty Ltd, 2014) data management system. Handwritten notes were also compiled during the interviews to record significant statements and comments. The notes were de-identified, transcribed and saved as a Word document to support data analysis. Transcribed data was de-identified to remove response identification.

A thematic analysis was undertaken to identify themes and sub themes presented in the interview data utilising a range of analytic coding strategies (Elliott, 2018). This was developed through the generation of initial codes to establish meaning presented in the data, an approach explored by Braun and Clarke (2006). From here, further coding was undertaken to refine the interview data, to clarify the 'essence' (Braun and Clarke, 2006) of the data and distinctive meanings presented (Elliott, 2018). The researcher then viewed the data for similar relationships and patterns, grouping similar codes together as categorised salient themes (Elliott, 2018; Creswell, 2015). The researcher engaged in memo writing to critically analyse themes presented, to clarify ideas and impressions made by the data (Cresswell, 2014). The resulting predominant themes and sub themes were compiled. The initial free coding resulted in a range of initial thematic codes (See Appendix 1). The initial codes were further coded until clear themes emerged. Themes and sub themes were then reviewed and checked by study supervisors, to validate the researcher's interpretation of themes in the data and to ensure descriptive validity (Yin, 2014). The coding process and content analysis approach is illustrated in the following table;

Table 1. Coding process sample.

Theme	Advocacy
Sub theme	Lack of internal advocacy from executive management

Coded statement	I think we didn't manage to achieve what we were intending to achieve because of lack of support and buy-in at strategic – especially executive level. Whilst council adopted the plan but I think it is executive which is critical in terms of the resourcing.
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Document analysis

Document analysis has been used successfully in the past to assess and evaluate public health planning and policy documents in other Australian states (Kermode, 2001). Document analysis was used in this study to assess quantitative and qualitative content presented in a range of local government documents to reflect the nature of connectedness and alignment between them.

The documents assessed in this study included a review of the following local government documents; Local PHPs, Annual Reports (AR), Strategic Community Plans (SCP), Local Government Business Plans (LGBP), exemplary awards and associated artefacts reflecting Local PHP outcomes and intended actions. These documents were largely planning tools developed across all WA LGs to guide core business and to respond to community needs. Documents were either accessed from the local government study site websites or provided voluntarily by in-depth interviewees in the three study sites. Document analysis took the form of a series of word searches, analysis to determine alignment of the PHP for each study site with other planning documents and assessment of budgetary allocation to public health actions within Annual Reports.

A number of strategies were employed to ensure rigour, validity and reliability in the exploratory study. Construct validity was considered through the collection of multiple sources of evidence outlined in Figure 1, with comparisons made between data sources (Cresswell, 2014) to enhance credibility via triangulation. Credibility was furthermore enhanced via supervisor and researcher revision and review of emerging themes as these were presented in the coded data. The in depth interview schedule was pretested with a number of key interviewers to support construct validity. A case study 'evidentiary' database was compiled to document the information accessed from each case study site, thus enhancing replicability and study reliability (Yin, 2014).

The collection of qualitative data via in depth interviews and document analysis is reflected in Figure 1.

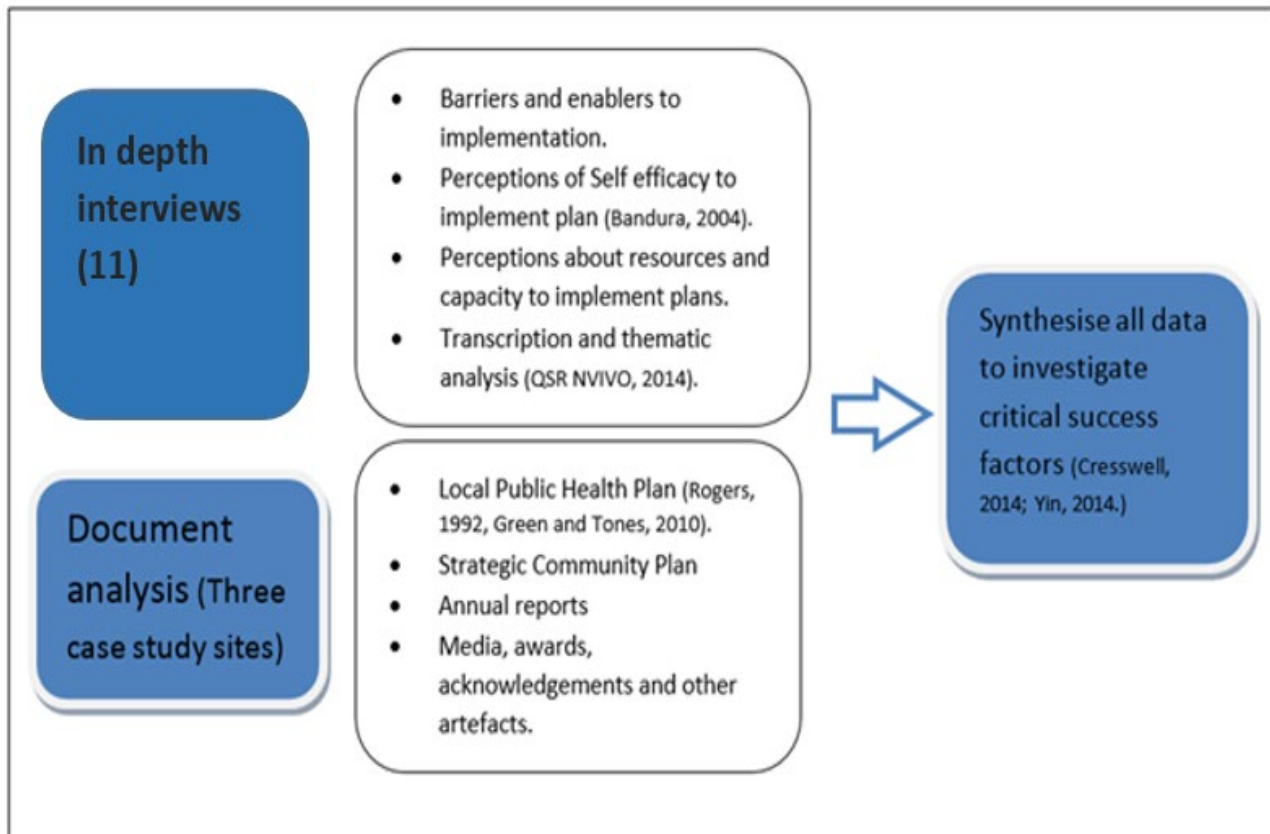


Figure 1. Data collection and Analysis.

2.7 Ethics

This research was conducted according to the Edith Cowan University's Policy for the Conduct of Ethical Research involving humans, with approval obtained for this study from the ECU Human Research Ethics Committee (project number 19504).

Informed consent was provided outlining that participation in the study was entirely voluntary, participants were informed that they had the right to withdraw at any stage; the purpose of the research; the type of involvement required of them; the name of the researcher who conducted the research; and that confidentiality would be respected.

Specific attention was given to processes that ensured the confidentiality of in-depth interview participants was maintained. To ensure all data derived via the interviews were confidential, transcribed in depth interview data were de identified to remove response identification. It was clarified that all data derived during the study were to be kept in locked cabinets accessible by the candidate and supervisors for a period of 5 years, after which time it will be confidentially disposed of. Data were password protected. All electronic data will be stored on a password protected ECU computer for a period of 5 years after which it will be deleted.

Chapter 3: Findings

Introduction

The following chapter outlines the key findings derived from the in depth interviews and document analysis. This chapter begins with a description of the in-depth interviewee demographic data and interviewee perceptions of confidence relating to their ability to implement a PHP. This is followed by a comprehensive analysis of qualitative data derived from the in depth interviews. Key themes are presented over 5 sections to explore the enablers and barriers associated with plan implementation derived from the qualitative data. Interviewer verbatims are presented to illustrate the key themes presented in the interviews. Furthermore a document analysis, including an assessment of a range of planning and strategic documents derived from each of the three study sites to determine plan alignment with other strategic documents, are also presented.

3.1 Interviewee characteristics

Eleven in depth interviews were conducted with staff and elected members working in a range of LG roles across three LGs in Western Australia, with two LGs based in the regions and one in the Perth Metropolitan area. As presented in Table 2, a little over half of the key informants were male ($n=6$) with the majority of key informants based in regional LGs ($n=7$).

Table 2. In depth Interviewee characteristics

	Local Government Officer (LG0)	Local Government Manager	Elected member (Mayor or councillor)
Regional LG	2	4	1
Metropolitan LG	1	2	1
Gender			
Male	0	4	2
Female	3	2	0

Interviewees worked in a range of local government roles across different departments and business units including Community Development (CD), Environmental Health (EH), Recreation Services and Health and

Wellbeing, with the majority having managerial roles ($n=6$), a number in Local Government Officer [LGO] ($n=3$) and elected mayoral roles ($n=2$).

Interviewee role and years of service within each LG area are outlined in table 3 below. The two elected members who were interviewed had been working at their current LG for between 16 and 29 years, reflecting their considerable experience and knowledge of their electorates. LG staff had been employed for between two and thirteen years at their existing workplace.

Table 3. Interviewee role type and years of service.

<i>In depth interview respondents role and years of service</i>	
Local Government Role	Years of service within current Local Government
Elected member	29 years
Elected member	16 years
Manager	2 years
Manager	8 years
Manager	13 years
Manager	7 years
Manager	4 years
Manager	2 years
Senior Local Government Officer	6 years
Local Government Officer (LGO)	3 years
Local Government Officer (LGO)	3 years

Local Government Officers (LGO) and managers who work directly in PHP implementation were asked to respond to the question; ‘How confident are you in implementing the components of the plan that you are responsible for?’ Only one respondent indicated that they were either ‘Extremely confident’ ($n=1$) that they could implement the components of the plan that fell within their role, with the majority of ‘Confident’ ($n=7$) that they could implement the components of the plan. Despite the perceptions of confidence noted, LG staff responded to this question by reflecting on their perceptions of their level of skill

and knowledge related to plan implementation and components of the plan that they were primarily responsible for. One staff member was confident in their public health knowledge and skills level:

I'm a qualified health promotion practitioner and have a background in public health. I'm actually quite confident with that and wouldn't say that there's anything that's outside of my skill area. (Manager, Lesley).

Interviewees noted that they were less confident, when asked to implement strategies that required considerable knowledge of the legislative requirements associated with the new Public Health Act (2016), reflecting low levels of personal efficacy (Bandura, 2004) specific to legislative knowledge. Others, whilst confident in their own ability to implement interventions, noted the importance of the role of teams and business units in the organisation to recognise their contribution to plan implementation, highlighting the role of collective efficacy (Bandura 2004; Wickes, Hipp, Sargeant, and Homel 2013) and belief within the organisation that staff can invoke change, in this context, to improve public health outcomes:

I'm relatively confident. I think the challenge for local government, is getting people within the organisation to realise their role in public health. So, and why it's important around the community and why it might be part of their role. (LGO, Jessica).

It was perceived that collective efficacy (Bandura, 2004) across the three study sites was relatively low, indicating an opportunity to foster support to develop internal advocacy, the need to enhance staff knowledge and foster attitudinal change (Hipp, 2016) to improve the likelihood that staff across each organisation engage in the plan implementation process.

3.2 Interview findings

Analysis of interviewee data identified five prominent thematic barriers and enablers that impacted on LGO and managers' ability to effectively implement components of a PHP. These included: Organisational capacity to facilitate plan actions; advocacy factors that both supported and inhibited plan components; the role of inter-agency and intra- agency partnerships; plan alignment and coordination factors and reporting and evaluation elements.

The following section provides an overview of the challenges and enablers associated with each prominent theme, reflected in Figure 2. Figure 2 highlights each prominent theme in white text, with the number of coded sub themes for each theme indicated via black lines in the outer circle. The data is presented in Figure 2 to outline the breadth of responses for each theme and sub theme derived from the interviewee

data. It also illustrates that each theme contained a number of sub themes. Furthermore, each prominent theme and sub theme is listed in Appendices 1 to illustrate the coding process.

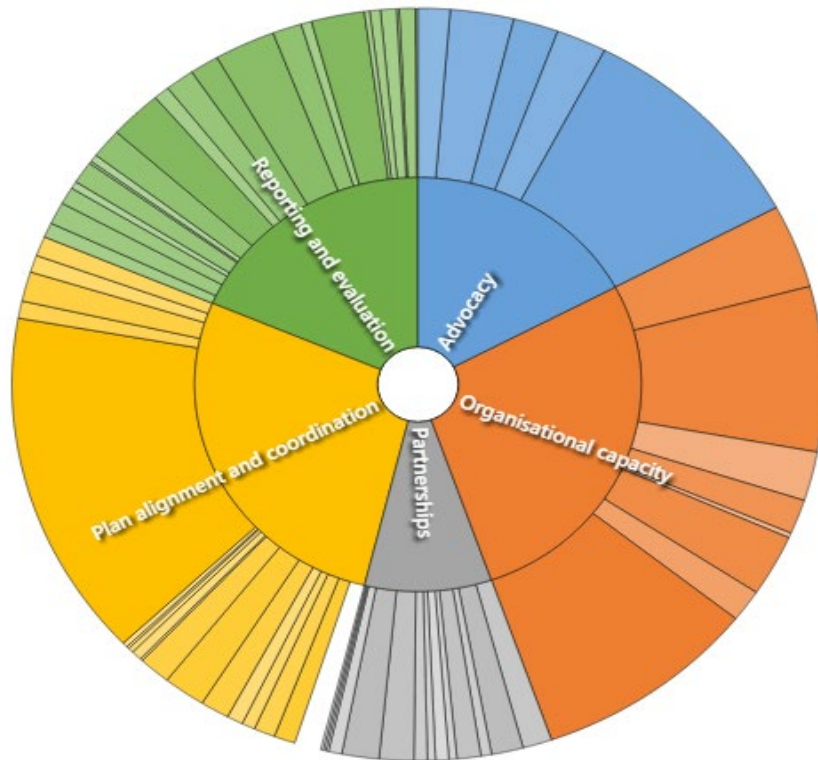


Figure 2. The prominent interview themes extracted from NVIVO 11.

3.2.1 Organisational Capacity

This section outlines the barriers and enablers relating to the capacity of LGs to implement a plan. The purpose of this section is to highlight the elements and components of organisational capacity expressed by the interviewees. As summarised in Figure 3 below, pertinent themes were derived from the in depth interviews reflecting the impact of staff capacity components. It was found that staff capacity components were centred around staff attributes, adequate knowledge and skills to facilitate plan implementation, issues associated with staff retention and adequate resource provision to support plan progression. Each of these subthemes are discussed next.

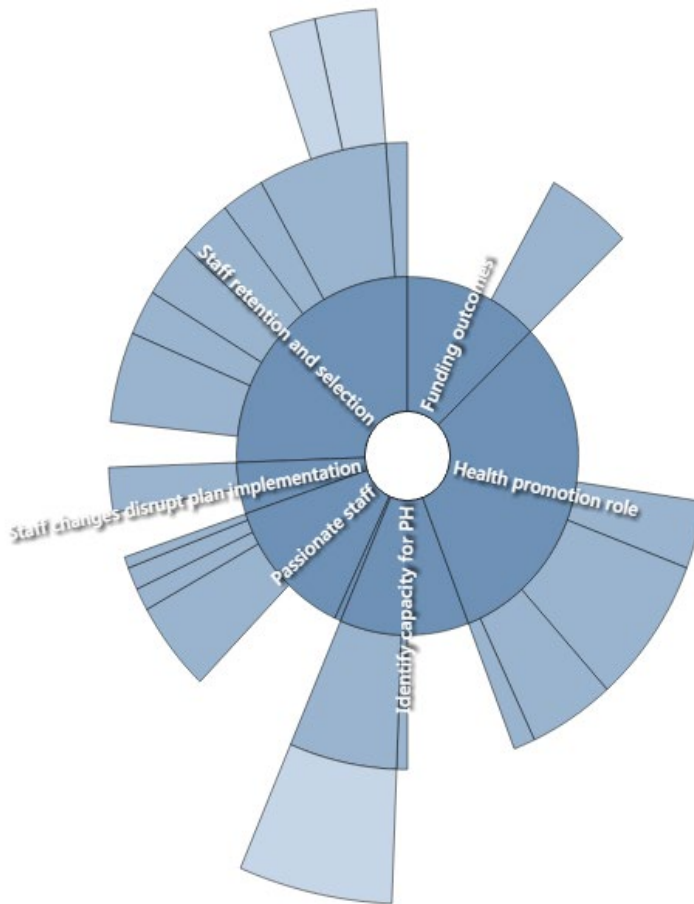


Figure 3. Summary of key themes relating to Organisational capacity derived using NVIVO 11.

3.2.1.1 Attributes

A number of interviewees reflected on the successes of plan implementation, lamenting that this hinged on the commitment, attributes and passion of LGOs and their ability to effectively network within the organisation. Several interviewees noted that both personal attributes and the innate ability of key individuals within the organization to network and champion plan strategies supported the PHP to gain traction. In some cases, the passion and ability of one staff member drove plan implementation and coordinated the assessment of plan outcomes with a manager noting their staff member, “has been this unflagging powerhouse, extremely proactive and has been putting a framework together to quantify outcomes.” (Manager, Brad). Whilst other managers alluded to the benefit of having a passionate colleague to advocate for the plan internally:

She’s not a bureaucrat so she’ll get up out of her seat and come and see you – you know we see her as a community development person, with a health bent. She’s amazing. (Manager, Rachel).

We're very pleased with the staff that we've had here, the level of understanding from the staff and the councillors has risen immensely. (Elected member, Jack).

A combination of staff capacity factors including of passion, networking and refined advocacy skills appeared to facilitate internal discussion around the plan and supported implementation.

A number of staff saw their role within the organisation as integral to initiating collaboration, fostering internal advocacy, and promoting public health and team work across a number of departments. These staff delighted in the challenge that public health presented within their role. The below comments reflect the vocational aspects of their roles:

My job is really to be the bridge that brings the different departments together. I spend a lot of time going around and talking and say "well have you thought about doing this" or "we really need you to work with us on this project". So, - again it's just about raising the profile, making people understand. (LGO, Emily).

It's a public health challenge and that's why we come to work every day because after so many years doing the compliance stuff, which is like a walk in the park for us, now we have come to understand that this is the real public health challenge. (Manager, Brad).

These comments allude to the benefit of hiring and retaining staff who are passionate about promoting public health within their organisations and whom have refined skills in networking and internal advocacy. Furthermore an emphasis is given to the perspective that roles, such as environmental health, have the capacity to emerge beyond compliance and encompass broader approaches that have a direct impact on the determinants and promoters of health.

Whilst internal advocacy was perceived as partly effective to support plan implementation, a number of LGOs indicated that, despite their advocacy and passion, a significant amount of time and energy was dedicated to generate internal support to initiate plan strategies and less to the strategic integration of the plan. This inhibited plan integration more broadly across the organisation. A LG manager noted that whilst they had strong advocates within their team to champion the progression of the plan, internal advocacy was not shared between teams and other directorates, limiting the potential and scope of the plan. A lack of 'buy in' from other departments therefore placed considerable responsibility on one individual or team, a less sustainable approach to enhanced organisational capacity. This is reflected in the following statement, an indication of the challenges of having one key driver who initiates plan implementation:

What we've done wrong is that we've identified one person to champion this plan. That was our health and wellbeing officer with a health promotion background. She was struggling with the plan by herself and not getting support from other departments. (Manager, Brad).

This highlights the shortcomings associated with having one key 'driver' to advocate for the plan within the organisation. It appears that placing plan implementation responsibility with one individual or team within the organisation is ineffective. Whilst a breadth of literature explores the benefits of having a driving group or team (Stoneham and Associates and PHAIWA, 2017; Davey, 2007) to implement PHPs, further exploration is recommended to clarify plan coordination strategies to effectively effuse responsibility through multiple departments and business units.

Skills and knowledge

A number of essential staff skills were outlined as beneficial to supporting plan implementation. Interviewees indicated that there were a range of practitioner and LGO skills that enabled both plan development and implementation. A number of local government managers commented on the need for LGOs and practitioners to be proactive, to initiate and develop innovative programs using effective skills and to utilise a flexible delivery approach. It appeared that engaging a staff member who shows initiative resulted in the achievement of plan strategies and actions, for example, Rachel reflected on the fact that they had "the right person in that role" and that "some great outcomes have been achieved because of their willingness to make things happen" (Manager).

A number of LG managers indicated that experienced staff with training in health promotion were essential to formulate public health actions and strategies and contributed to the smooth transition from plan development to implementation stages:

We were given a fulltime position, health promotion position, to help administering the plan. We then had confidence that we were able to meet the objectives and actually implement most of the objectives. (Manager, Brad).

I think this is worth noting – that health promotion officers in local government are important, you can't be too rigid. (Manager, Rachel).

It was therefore perceived that employees with either training or skills in health promotion were adept at administering plan actions and adequately assessing plan outcomes. On the whole, managers saw the benefit of engaging with staff with practical experience and refined skills in health promotion program implementation, monitoring and evaluation.

Whilst the majority of managers reported health promotion skills as beneficial, a number of managers perceived there to be significant skills gaps in staff working in 'grass roots' practitioner roles. One manager stated a need for "someone with a health promotion background to drive the health promotion message" (Brad), internally. Overall there was an expressed need to fill a gap in health promotion and advocacy skills to facilitate plan actions, to take carriage of the 'day to day' running or 'nuts and bolts' of the plan and address organisational knowledge gaps relating to public health.

Perceptions of confidence to implement plan actions

The majority of respondents were confident that they could implement strategies and plan actions that they were responsible for, based on prior experience and training. A number of staff, however, noted their lack of confidence and knowledge relating to the *WA Public Health Act (2016)* and legislative requirements associated with the Act. A LGO expressed that they had a limited understanding of "the statutory stuff that is to do with regulation and compliance," (Senior LGO, Lesley). It can be inferred that either training limitations or limited exposure to local government and public health related legislation may have resulted in the perceived lack of confidence. It is important to note that the interviews were undertaken within 12 months of the release of the *WA Public Health Act (2016)*, therefore given the complexity of the Act, there may have been insufficient time to articulate the *WA Public Health Act (2016)* changes and new statutory requirements to staff in a LG setting.

Staff capability steers the 'right fit' for the plan

Staff capability and experience in community development principles was found to have an impact on where the plan was primarily 'housed' within each local government organisation. In some circumstances, the coordination of the plan was modified post plan development, to maximise staff resources and 'modus operandi.' Staff in regional local government outlined that the coordination and management of the PHP was moved from their environmental health directorate, to the community development team in a different directorate.

It's gone to a team with more experience, from a community services angle. It just sits better. A new director with a good health background. (Manager, Jerry).

Therefore placing the primary coordination of the plan in the community development directorate was perceived as a more natural fit, due to the training and background of staff and team managers, with experience in health promotion practice and community development principles. This highlights the potential benefit of having community development orientated roles in LG. The WALGA identify community development as function of LG, providing policy and advocacy support via the priority area of 'People and

place', dedicating business units to support advocacy work across a range of community development areas to enhance participatory planning processes (WALGA, 2019). Whilst the function of LG is to support community development approaches and CD roles are common in LGs throughout WA, it is not a requirement that LGs have CD specific roles. It is a requirement however for LGs to have an EHO or to have access to the skills of an EHO, as legislated by the State of WA. This is an important factor to consider when allocating coordination of a PHP within a directorate or team. It was inferred that being able to work with an integrated manner with a community engagement focus, was a beneficial approach, supporting plan implementation.

3.2.1.2 Staff retention and selection

Staff retention was presented as an issue that impacted on plan implementation, the sustainability of strategies and plan outcomes. Staff retention was an issue experienced in both LGO and managerial roles, expressed by staff in all three of the study sites. Interviewees indicated that an inability to retain staff and changing staff roles impacted on program outcomes and affected plan strategies. Furthermore, interviewees noted that significant resources were dedicated to up-skilling new staff and consolidating relationships to prepare a foundation from which to propel plan initiatives. Frequent staff changes had a negative impact on the staff that remained, inhibiting work outputs. Relationships that had been built needed to be recreated with new staff requiring a reinvestment of time and energy:

There was an individual at the community resource centre who established the community garden. The fella was passionate. He made it successful. He left town and it's just disintegrated. (Manager, Michael).

My job is to follow up other departments that have responsibility for implementation. It has been difficult because of staffing. A number of the positions have changed in the last year which means you have to go back to building relationships, starting again, working to get them on board. (LGO Emily).

Being cognisant of the impact of staff changes, a manager based in a regional area raised concerns about the loss of corporate knowledge when individuals left the organisation or moved roles, reflecting the transient nature of the LG sector in WA:

I think she is very passionate about it and that's the problem, you are going to lose someone who's very passionate and will it continue? (Manager, Alice).

Interviewees working at a LGO or 'grass roots' roles found that a change in management within their department or directorate had significant impacts on work performance within teams. Team capability to

facilitate plan actions was impacted and perceptions about departmental roles in public health were influenced by a loss of corporate knowledge and differing interpretations by incoming managers, slowing the implementation process:

We've lost a bit of knowledge because the plan is new. It's starting from scratch to explain to them what it is, where it sits in terms of other strategic policies. When a managers changed, their perception of their department's role may be different from the previous person and that's where there's hiccups. (LGO, Emily).

Building organisational capacity for public health requires a commitment from the organization to present opportunities for staff to be engaged in plan development. It also requires a commitment from the organization to support all stages of the planning process, through the allocation of sufficient resources for development, implementation and evaluation. When the PHPs were initiated in the three study sites, there was no legislative requirement for each LG to develop a plan. It is possible that if and when the existing plans are reviewed, the regulatory mandate may provide sufficient rationale for executive level managers to initiate plan formulation and proceed to plan implementation.

3.2.1.3 Funding outcomes

The majority of LGOs and managers indicated that funding limited the scope and impact of their PHPs. An elected member noted that diminishing funding for local government programs and services and dynamic funding structures influenced their ability to allocate budgets to enduring long term public health projects:

There's dwindling resources and that means we have to rely more on rates. We have a changing economy so we get our public screaming about rates and we're doing our best to balance it all. (Elected member, Bob).

Interviewees noted that the development of a PHP was a relatively new process for staff at all levels of the organisation. A consultant was engaged to facilitate the preparation of PHPs in all three study sites. Whilst resources were available to support plan development, factoring in adequate funding to deliver planned initiatives was an area that required additional thought and planning along with identifying adequately skilled staff to undertake plan implementation.

A manager (Jerry) noted that resource provision potentially limited their capacity to achieve plan outcomes, stating 'we may not be able to achieve the number of objectives that we want to achieve because of funding.' Whilst others saw the benefit of using the planning phase to predict future resource and budget requirements to achieve plan outcomes:

When you're going through the planning process that's a good time to identify where you need to provide extra resources to staff. Identifying where you need those skills can include capacity building as part of your public health plan. (LGO, Jessica).

Several LG managers noted that they were juggling a range of commitments, working across a number of strategic areas, with attempts to integrate the PHP into the various work areas, a challenge. Furthermore, a LG manager perceived that local governments lacked sufficient personnel to adequately address local public health issues:

I'm looking after that many other strategic documents and I've got so many other things going on that we're basically constantly stretched and our staff can ring here freaking out, overwhelmed and so on. (Manager, William).

I think at the moment local government generally doesn't have the personnel on board that would take full responsibility for implementing all the public health plan components. (Manager, Michael).

Competing demands and the taxing nature of needing to review and assess their strategic approach, overall had a negative impact on managers. The complexity of LG manager roles therefore requires consideration when they are tasked with PHP implementation or coordination.

Staff based in the regional local government sites that were consulted as part of this study, identified that additional funding was useful to support plan implementation. A number of interviewees thought there was an opportunity to share funding and resources to support regional plans and initiatives:

So while we'd like an office in each local government, we know the resources are slim so if we got to share them, that's fine, we'll just work a bit harder. (Elected member, Jack).

Whilst funding overall was cited as a barrier to the implementation of some PHP strategies, it was noted that funding did not necessarily limit program capacity or outputs. An elected member indicated that resource provision appeared to limit the scope of partnering agencies and stakeholders whom they collaborated with on projects. It was perceived that resource provision such as workplace infrastructure, transport, outdated and aging equipment impacted on the capacity of community groups and stakeholders to facilitate programs:

Not necessarily do we need more money. But the agencies we work with require better funding. It's not necessarily always people. I'm talking about vehicles, a workspace, reporting mechanisms, the tools they need to do the job. Some of them are working with old tools. (Elected member, Bob).

Several findings emerged relating to organisational capacity factors. Whilst each LG site addressed plan implementation differently using its own unique approach, there were a number of similarities shared between study sites with regards to staff capacity and capability to implement a PHP. The attainment of staff with diverse skill sets grounded in strategic and innovative planning, health promotion, networking and strong advocacy skills was reflected as an enabler to effective implementation. Furthermore, having a key driver or a team of staff who were motivated and passionate about public health, was thought to support the implementation process. Inhibiting factors or barriers to the implementation process that emerged included the impact of staff retention and staff mobilization which were perceived to limited plan outcomes, a range of budgetary pressures that limited PHP scope and reach, and the competing demands and commitments of LG managers.

3.2.2 Advocacy

A recurrent theme in the interviews was the impact of advocacy factors on plan implementation. Whilst advocacy has been approached in earlier sections, a review of the depth interviews identified a number of unique sub themes relating to advocacy in greater depth, as summarised in Figure 4 below. These include; plan legitimacy, the need to foster and develop public health literacy, the influence of public health champions, a need to raise the profile of public health internally and being an 'early plan adopter' as impacting on the implementation process.

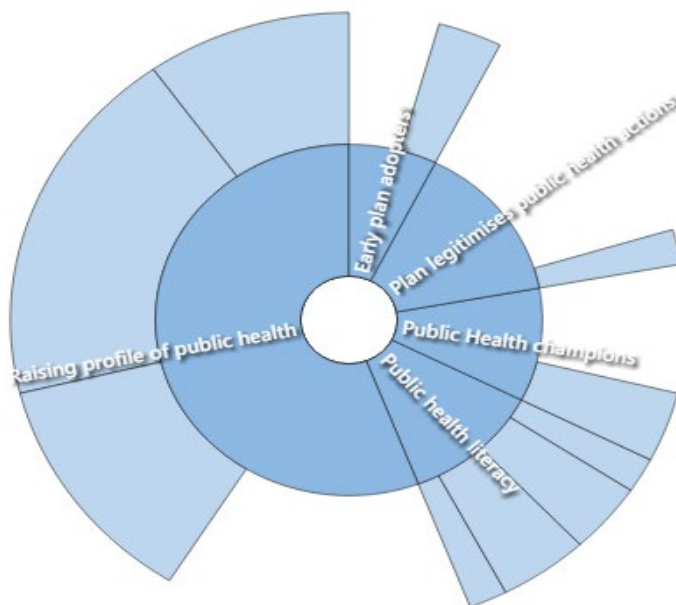


Figure 4. Summary of key themes relating to Advocacy derived using NVIVO 11.

3.2.2.1 Plan legitimises Public Health actions

For a number of interviewees, having an endorsed PHP legitimised the existing work that LGO's and managers were undertaking in the public health space, highlighting an existing platform from which to facilitate organizational change and furthermore, an increased awareness of the integrated nature of plan actions. This gave credence and transparency to their work, endorsing the need for a sustained commitment to public health:

Most of the actions that we brought in were things that we were already doing so we wanted to say, these are the things we're doing, this is the impact on health. Things like the water samples, food samples, compliance and education really have a part to play in health promotion and prevention. (Manager, Jerry).

What this plan has done has actually made the department realise that they are making a contribution to public health. We've got the parks people that directly influence public health because the safer the playgrounds, the cleaner the playgrounds bring families in to play. It's a public health benefit to get kids and families playing outdoors. (Elected member, Bob).

Others noted that the plan supported a collaborative approach and allowed different teams within the organisation to identify their role and clarify their contribution to public health strategies and initiatives. In some cases this expanded the team's perceptions about their role and ability to co-plan and align interdepartmental business:

The most successful part has been bringing lots of different work areas together for a common health cause. So you've got this unifying agenda and I think was lacking before. They might have already been doing it, not realising that it contributes to a bigger priority. (LGO, Jessica).

A positive outcome identified by the majority of respondents was the community interest and community support that was generated in support of the PHPs in each study site. Overall community members were perceived as strong advocates of the PHP, being recipients of plan actions, they actively presented community ideas and feedback, as reflected below:

The component for me that worked well is community involvement. This plan has been embraced by the community. Everybody keeps asking about the plan because we have a lot of community activities that originate from it and have done community consultation. (Manager, Brad).

The plan itself, was which was used as a vehicle to mobilise the interest of the local community, facilitated community engagement and participation and was utilised to roll out locally appropriate PH interventions.

It was also noted that accessing community feedback via effective community consultation supported LGO's and managers to develop programs that aligned with and addressed community needs.

3.2.2.2 Lack of internal advocacy

Internal advocacy was a recurrent theme presented in the interviewee data. The majority of interviewees indicated that whilst they had developed comprehensive plans and had attempted to work cohesively across departments to implement a raft of actions, the PHP and components cited within the PHPs at times failed to gain traction with executive level managers and elected members. A number of barriers to plan implementation were alluded to, including the perception that public health was not considered to be a priority, a lack of knowledge regarding what practically constitutes 'public health' actions and a lack of urgency to initiate plan implementation and to consolidate plan reporting mechanisms by executive level managers and elected members. This is reflected in the comments below:

Honestly I don't think it is [public health] a high priority for council. I don't think higher management or elected members know enough about public health. There's an element of ignorance about what public health is and what council can do for the community in the area of public health. (Manager, Brad).

Because the Health Department has given the message that you don't have to report yet, a lot of CEOs and executives think we don't need to act until we're told to. We didn't achieve what we were intending to because of lack of buy-in at executive level. Whilst council adopted the plan, the executive is critical in terms of the resourcing. (Manager, William).

A number of local government managers expressed their frustration at the lack of consideration given to public health planning compared to other planning initiatives undertaken in their respective organisations. Public health planning and PH initiative implementation was considered to be less of a priority and somewhat 'lost in the background' compared to other infrastructure and resource intensive plans and projects, supported in their respective local governments:

Council supports big developments initiated by the state and private developers, because this has brought a lot of people in. It has improved the profile, a win for management and elected members. That has been their real focus and while they've been busy enjoying the benefit that comes with development, they forget about public health. (Manager, Brad).

I feel in the grand scheme of things they put health promotion in the same basket as community development. Nice to have but it's not the same as hard infrastructure. (Manager, William).

A LG manager recognised that executive level managers and elected members were still attempting to clarify the role of LG in public health from a strategic planning perspective, questioning the level of commitment required from them to support the implementation process, seeing public health as a low priority compared to other integrated planning priorities. It was perceived that a long term approach be considered to foster contemporary perspectives of local government's role in PH implementation, beyond a neoliberal view and cultural approach to public health issues:

This plan has never been a priority. It will take time because we are asking them to do more for public health, to make it part of broader strategic planning. Council is asking where the money's going to come from, thinking it's a state government responsibility. I sit on a council committee. Public health isn't on the agenda. (Manager, Brad)

The perceived lack of support from executive management and elected members expressed by managers was thought to be due to an observed lack of understanding by the executive and elected members as to the relevance of PHP to the health and wellbeing of LG constituents, along with a limited understanding of how budget allocation to public health initiatives translated to tangible outcomes and outputs. The observed lack of funding appeared to be a barrier to plan development and integration across the organization. This is illustrated in the below comments:

There's things we can do for the community in public health that will not cost us but whenever you have that conversation with council they think it's going to cost more and that we're putting our resources in the wrong area. There is ignorance in relation to public health work. It has not been a priority. (Manager, Brad).

Both managers and LGOs in one study site indicated that elected members representing their local government area did not present an opinion or perspective with regards to PH nor include it as part of recent local election campaigns. This illustrates that despite having a ratified public health plan, PH issues were not at the forefront of the majority of elected member priorities, thus reflecting a lack of champions 'on council' to present and advocate for PH issues:

There's no-one that stands out to me that's shown an interest [in public health]. I've never had any questions directed to me about the public health plan. In the recent elections there wasn't anyone that raised health or wellbeing. I'm not aware of anyone that's taken it on as a champion. (LGO, Emily).

Even councillors, I would suggest most of them are unfamiliar with the public health plan. (Manager, Alice).

Therefore, despite staff efforts to foster internal advocacy to elevate PHP actions and mobilise support to initiate strategies, public health initiatives lacked visibility and strategic visioning. This may be influenced in part by neo liberalist perspectives that have the potential to dominate strategic and broader planning approaches. Neoliberalism is a concept based on an assumption that the principles of individualism, competition and self-reliance drive the allocation of community and global resources (Mahon 2008; Nelson, 2013). Neo liberal ideologies are based on economic rationalism, whereby decisions are made based on the grounds of economic efficiency, the primary focus (Talbot and Verrinder, 2010).

It appears that tensions exist in local government whereby councillors and managers balance competing community needs such as health protection and the promotion of health, with the opposing fundamental drivers of economic advancement and population growth. Stoneham and Associates and PHAIWA (2017) identify the need to seek both broad political support and formal, written support from executive managers prior to plan initiation. Thus it is vital that early commitment to PHP development and implementation from managers is ascertained to ensure a strong foundation from which to drive the PHP from the outset, integral to the success of PHP integration across the organisation. An opportunity exists to consider the competing needs of local governments and how tangible benefits are derived to justify the importance of local, public health interventions.

3.2.2.3 Public Health literacy

The interview data revealed that establishing dialogue around public health plan initiatives and actions was a challenge for some staff. When seeking support to initiate and implement PH plan actions, a number of LGO's indicated that they needed to consider the language and terminology they used when engaging with elected members and executive directors. There was a perceived level of ambiguity associated with public health as a concept amongst directorate managers, limiting the ability of staff to advocate for support within their departments and teams, to implement the intended plan actions.

A LGO indicated that the term 'public health' can be interpreted in different ways, "by different people" suggesting a need to "work with them better to develop their understanding about what a public health plan is and local government's role in it." (LGO, Jessica). This perspective reinforced the need to assess and revisit staff perceptions about what public health means within a local government context and how this relates to the development and implementation of a PHP.

Both managers and LGOs noted that there was a need to clearly articulate the components of the plan to promote it to elected members. Furthermore they noted that whilst plan components were important, utilizing creative ways to present the plan to managers, impacted on their receptivity and thus support of the plan. A number of staff noted that presenting the plan to managers was not actually about specific

plan components, but more about “the way it’s being promoted’ and the ‘language used to show councillors how important it is” (LGO, Jessica). A manager advised that it was important to “consider the language used when engaging with councillors” (Manager, Rachel), noting that it needed to be marketed better to executive directors and CEOs. From this it can be surmised that whilst the primary vision and intent of a PHP should be explicit, utilising effective, persuasive language must be considered to engage executive managers in PH planning discourse.

A local government manager noted that whilst elected members may express provisional support for programs that protect and promote the health of community members in general, there was a perceived lack of awareness relating to the breadth of LGO and manager roles to support this process, namely the link between environmental health and the development of preventative health actions in the local community. This is reflected in the following statement:

As elected members come through, they always have the same view, that health’s really important. But they never saw the link between environmental health officers and their role in preventive health. They’re thinking that we don’t provide primary health services and don’t put the two together. (Manager, Jerry).

Given the emphasis placed on the need to use suitable language when discussing public health actions with councillors and the need to increase awareness of examples of public health practice, it appears that an exploration of strategies to enhance public health literacy across the broader organisation is warranted. Given that health literacy is a broad term, it can encompass cognitive and social skills required to obtain, understand and utilise information to promote health (Nutbeam, 2000). Furthermore, health literacy may include the knowledge, skills and confidence (Nutbeam, 2003) to support one’s ability to make informed health related decisions to inform policy and to apply health information within a specific context (Kickbusch, Pelikan, Apfel and Tsouros, 2013). Therefore analysis of interviewee comments suggests that there is an opportunity to develop strategies that foster and develop the public health literacy of both elected members and staff in the LG context and setting.

3.2.2.4 Raising the profile of the PHP

An expressed barrier to PHP implementation was the lack of visibility or profile of the plan itself by decision makers and executive level managers within each business unit. Furthermore there was a perception of a lack of commitment to support plan actions by the executive in general. The lack of perceived commitment was thought to reflect local government staff perceptions about the role LG plays in PH practice and interpretations relating to the core business of local governments. A number of managers indicated that their teams struggled to comprehend the contribution that they could make to improve PH locally. One

manager indicated that their organisation perceived environmental health and public health as beyond the role of local government, “talking to a few councillors, even to executive people, you get that sense, they feel that that is not their core function.” (Manager, William).

Other interviewees mentioned that whilst the annual budget allocation was sufficient to support plan implementation, a significant barrier was a lack of internal advocacy, placing limitations on the LGO tasked with the strategic role of integrating the plan across the organisation. Without adequate integration across other departments and operational teams, the LGO was left with the ‘hands on, grass roots’ role to facilitate interventions, stifling plan coordination and strategic engagement across interdepartmental teams;

The plan has struggled because the person who coordinates it was supposed to coordinate, look at what the external bodies are doing but they ended up doing the work. They haven’t had time to play a co-ordinating role. Selling the plan within the organisation hasn’t worked. (Manager, Brad).

In one LG, suggestions were put forward to improve plan implementation, via the inclusion of an annual plan review process, by seeking support from executive managers to ensure realistic reporting mechanisms are put in place to monitor plan outcomes and clarify the contributions of a multitude of business units. Staff saw the value in developing adequate reporting measures to implement plan actions whilst using this as an opportunity to stimulate internal advocacy and enhance organisational knowledge:

We will try to get commitment from higher management so that this becomes a Key performance Indicator [KPI] within departments rather than telling them they have to do it. If higher management say, this is your KPI, they have to deliver. We want them to understand it, so we’re working on advocacy and education. (Manager, Brad).

As the above discussion illustrates, facilitating and fostering internal advocacy is fundamental to enhancing the profile of a PHP within a local government and elevating public health literacy. Developing effective forums internally to discuss how public health interventions can be evaluated and assessed, may support the elevation of PH efforts in local government and dissipate perceptions that public health is peripheral, rather than core business.

3.2.2.5 Being an ‘early adopter’

A common theme that emerged as an enabling factor to support plan implementation, was the perception by interviewees that their organisations showed leadership and innovation through the development of PHPs without a statutory requirement to do so. Initiating plan development and implementation early was

considered to be a positive and effective approach by staff. A LG manager expressed a sense of pride and achievement at the ability of their department to formulate a PHP and bring the plan actions to fruition:

You know we are one of the local governments that have actually taken the bull by the horns with the plan and done something with it so that's really cool (Manager, Rachel).

Whilst some managers showed leadership and innovation through the development and implementation of their plans, one manager noted a significant amount of work was needed to elevate the importance of the plan and embedding actions into core business. It was perceived that whilst a plan had been developed, change wasn't necessarily implemented in the most effective way, highlighting a need to inform of best practice within the organisation, improve specificity and to communicate the purpose of the plan in a meaningful and sustainable way:

Whilst the Shire is showing leadership in this, I don't think internally we're operating at a level of detail and communication to achieve effective, best practice domains. There's a lot of work to be done. (Manager, Michael).

A number of LGOs saw their contribution as being that of an 'early adopter', identifying their early commitment to PH plan development and the opportunity it presented to support other local governments from a mentoring perspective, to enhance sectoral knowledge and plan integration. Furthermore a number of LGOs noted that their early commitment to planning along with their experience, presented an 'on flow' opportunity to support the facilitation of regional planning between smaller local governments within their region, to align health priorities and strategies:

Developing the plan early has been good. I have worked with a number of local governments helping them, sharing our plan, our experiences and the process of developing the plan. There's recognition that we've done that and passed on our learnings. (LGO, Emily).

Staff perceptions that they were 'early adopters' and innovators in PHP is reflective of Diffusion of Innovations Theory (DOI) (Rogers, 2003). This signifies how the innovation shown by staff in the three study sites has resulted in shared momentum, with interest in PH planning diffused intra agency and through other LGs.

Aside from the benefits of information sharing and mentoring as expressed above, other staff outlined that having an existing plan presented opportunities to emerge, such as supporting smaller local governments to initiate plans. This then supported the alignment of neighbouring local government plans and regional planning approaches to health and wellbeing:

There's real synergies to do regional priority setting around health and wellbeing that feed into our public health plan. This is a starting block for other smaller Shires to get their plan together. (LGO, Jessica).

A LGO reflected on the innovation shown within their organisation, inspired by the vision and approach of the Environmental Health manager within their team. This manager identified the need to expand the perspective of their environmental health department beyond compliance, encompassing a broader health promoting and preventative health function. It was identified that the manager wanted the Environmental Health team to, “adopt health promotion approaches and incorporate health promotion elements into what they do day-to-day”. (LGO, Emily). Furthermore, the manager sought to “expand the role of the environmental health officers, “(LGO, Emily), encompassing broader planning skills. This perspective is paralleled by Jones (2017) and similarly, WALGA (2017) who identify an opportunity to explore the capacity of Environmental Health Officers to engage in public health planning efforts and support advocacy efforts to develop policies that extend the existing role of EHOs in WA.

When reflecting on advocacy as an element of plan implementation, a range of enablers and barriers emerged. Overall enabling factors that supported and enhanced internal advocacy included having a PHP which legitimized public health actions, interdepartmental collaboration supported teams to clarify their contributions to the plan, effective community engagement and empowerment and the leadership of an intervention shown by departmental leads supported teams to progress plan development and integration within the organisation. Barriers that emerged to limit internal advocacy included a limited understanding and awareness of the tangible impacts associated public health strategies at the strategic, executive level where council assets and resources are mobilised and budget allocation decisions are made. Further barriers included a perception that public health was perceived as a low priority compared to other planning projects in council, low levels of public health literacy existed at an executive manager and elected member level and a perceived ‘lack of visibility’ and profile of the plan across the organisation limited the ability of LGO’s to adequately facilitate plan actions.

3.2.3 Partnerships

This section outlines interviewer reflections relating to the impact of intra and inter-agency partnerships on plan implementation. In all three study sites, it was observed via interviewer comments and through a desktop analysis of each LG plan that inter-agency partnerships provided a foundation for PH actions to be formalized and enacted. In the majority of study sites, the process of plan development was a catalyst for the establishment of internal and external partnerships. Whilst the development of the plan itself supported internal and external collaborations, in some circumstances, collaborations and effective working partnerships were difficult to sustain due to perceived funding and resource allocation issues, presenting a significant barrier to implementation.

Effective partnerships in the broader sense, enable the mobilization of community resources and knowledge to invoke structural, policy or political change (Talbot and Verinder, 2010). Within a local government context, collaborative external and intra-agency partnerships can provide a sound platform from which to initiate public health planning and effective, sustained implementation of plan actions and are described in detail to follow.

3.2.3.1 External collaboration

A number of respondents indicated that the process of developing and implementing the PHP allowed them to identify primary collaborators in public health initiatives, to clarify shared goals between agencies, identify the resource allocation available to address broader community and public health actions and allow local alliances to emerge. An effective partnership model utilized in a regional study site was based on a sound Memorandum of Understanding (MOU), documenting the shared agreement, expectations and commitment between a LG and a Western Australian Country Health Service (WACHS) regional public health team. The MOU evolved through existing personal relationships and prior engagement in regional projects between LG and WACHS staff who lived and worked in the same regional area, sharing a combined interest in public and community health projects. The timing of the preparation of the MOU was fortuitous, given that the regional LG was in the early stages of the development of their PHP.

The following comments from a regional LGO, illustrate how the MOU and ensuing alliance were established, borne through existing collaborations between both agencies and the innovation shown by the WACHS regional health promotion team:

The WACHS health promotion team saw what worked in Victoria and said- let's do this. WACHS staff outside of work knew people in the City and that's how it happened. The city was already thinking about public health planning and then they developed the three-year MOU from there. (LGO, Jessica).

Having a MOU with external agencies was an enabler to PHP implementation. An MOU solidified and formalized the partnership however it also provided an opportunity for the regional LG to engage with the local Public Health Unit to access local health data and establish a sound evidence base from which to develop interventions and projects. The need to access credible local data supported the preparation of the PHPs and encouraged engagement with external stakeholders who were able to contribute valuable contextual evidence and a community perspective:

We have to be 'round the table' to define our stake in it and liaise with key stakeholders. How we work in community development is that officers work strategically, basing every project on evidence, the need is based on data. (Manager, Rachel).

Whilst inter-agency partnerships were found to be constructive, an elected member elaborated on the benefits gained from forming external partnerships and initiating discussions around PHP implementation, highlighting the necessity to access opportunities to share resources in a climate of diminishing funding:

There's some areas we can't impact on but we certainly facilitate it by bringing parties together. That's our best approach to implementation because if you want to know what the top issue is, its money. (Elected member, Bob).

All LG sites indicated the value of external partnerships to extend and enhance the capacity of LGs to impact on health and wellbeing outcomes in their respective LGAs to support local constituents. Whilst each study site saw the value of PHPs, the reach of PH interventions and actions was bound by service delivery and infrastructure limitations. This illustrates the inextricable link between internal capacity to achieve plan actions and the necessity of external partnerships, as reflected in the below comments:

I realised that we will never achieve good community health outcomes if we do not take an integrated approach to things like partnering. (Manager, William).

We have some external agencies like Heart Foundation that have supported us with this plan and Healthways. We have informal community groups and we've been able to bring them together. Now we know who they are and it's more trying to get them to strengthen their activities and to make it formal. (Manager, Brad).

A number of regional LGO's reflected on the perceived benefit of regional planning and implementation approaches to harness and mobilise resources. This illustrates the benefit of leveraging complementary roles and skills from a range of stakeholders to enhance capacity across a LG area and within a broader, regional context:

There's fantastic stuff going on at an inter-agency level with different organisations in town, working together to create school holiday programs, for example, that complement each other so that there's nothing competing at the same time – the best use of resources. (Manager, Michael).

In the future, we want to see what the opportunities are to link with nearby local governments and identify some shared issues, in terms of public health and whether there's opportunities to address them collectively by pooling of resources. (LGO, Jessica).

External partnerships on the whole, presented numerous opportunities to enable, facilitate and support PHP implementation across the three study sites. Effective inter-agency engagement and formalised relationships such as MOUs broadened the scope and the delivery of PH interventions.

3.2.3.2 Internal collaboration

It was observed that interdepartmental collaboration approaches to public health projects varied between the study sites. In some study sites, plan development facilitated new collaborations within the organization, creating new and emerging working teams with a combined focus on PH. In other LGs, internal collaboration strengthened existing project teams with a focus on PH interventions spread across different departments, allowing a combined focus and aligned approach. This is reflected in the following comments:

Yeah I worked with teams I hadn't worked with before such as the events team, recreation services, depot. I think that's the point of the public health plan, it goes across all of the organisation. I have worked with a variety of different work areas and staff. (LGO, Jessica).

I think the collaboration between Health and Community Services has strengthened as a result of this plan. Community services always had this kind of social focus. They're trying to engage community from a social perspective, not realising that there's benefit to public health. We've been able to sell that to them and to encourage them to make it more versatile to get some public health win as well. (Manager, Brad).

It was observed through interviewer comments that synergies emerged in the core business of different internal departments, presenting opportunities for internal teams to combine resources, knowledge and skills to achieve service and program delivery outputs. A manager highlighted the benefit of aligned teamwork between a Health Promotion Officer (HPO) and Community Development staff with complementing roles, stating that Community Development staff "have good working relationships with the health promotion officer" and that the HPO supports "our events and offers education activities for people that go to our events." (Manager, Rachel). This reflects the benefit of bringing staff together with complementary skills, to effectively initiate and support health and wellness orientated events and activities.

In summary, this section explored interviewer perceptions about the challenges and enablers associated with the development of inter-agency and internal partnerships to support PHP implementation. Across the study sites, inter-agency partnerships were clearly beneficial, resulting in contributing skills, knowledge and infrastructure to extend PHP actions within LG areas and to support regional planning where appropriate. Internal partnerships were found to strengthen existing interdepartmental alliances and also presented opportunities to initiate new collaborations between directorates and teams that ordinarily did not work directly on projects.

3.2.4 Plan coordination and alignment

A number of plan coordination and alignment barriers and enablers emerged from the in depth interviews. Plan coordination effectiveness hinged on the original plan development phases relating to the formation of a steering group to guide plan implementation. Furthermore, the existence of working groups that indirectly influenced plan outcomes, having a 'host' directorate where plan actions were primarily coordinated and attempting to integrate the plan actions across different council work areas, were found to impact the implementation process. All of the aforementioned factors will be discussed in the following section.

3.2.4.1 Planning process informs coordination strategy

A number of interviewees reflected on the approach initially used to facilitate plan coordination. Several staff indicated that there was an initial steering group formed to guide the development of the PHP in all three study sites in the early development phase to support community consultation, complemented with support from an external consultant. Representation on the steering groups varied between each study site, with a mix of internal department staff members and external stakeholders representing a broad spectrum of agencies and community groups. Despite the need for a steering committee to guide plan actions and to facilitate plan implementation, all three study sites struggled to sustain a steering committee beyond the initial PHP planning phase. A number of LG managers reflected on the barriers that prevented steering committee sustainability, including a lack of internal capacity and staff resources to engage with external partners and agencies to attend steering group meetings:

We formed a steering committee and had two meetings. We had Mental Health WA, Foodbank and a Population Health Unit. We were short-staffed and it came to a screeching halt. I had no resources. (Manager, William).

We had an internal group and we should have had an external group. It never eventuated. That has been a shortcoming because it was difficult to form an external committee. When we did the consultation for this plan we brought external groups together and we found out is that none of them know what each other is doing. Because the person that coordinates this was busy working to sell the plan internally, we didn't have time to form the external committee. (Manager, Brad).

Others noted there were existing internal committees that indirectly addressed public health issues within their LGs that existed before the PHPs were developed, that contributed to plan initiatives and actions. These were seen as a vehicle from which to present and discuss PH issues:

For other projects we have a steering group so that's a high level direction priority setting group, which is chaired by the mayor and then we have representatives from key agencies like the Department of Education, Sport and Rec, Development Commission etc. (LGO, Jessica).

There's an interagency group, not based on the PHP which often work in areas like substance abuse or mental health so you know that – people are discussing areas pertinent to it. (Manager, Alice).

Therefore, as the comments suggest, the internal committees did not directly address operational or performance outputs directly associated with the PHP, indicating a gap in operational and service delivery. It was observed that there was further scope to form a sustained stakeholder or advisory group to specifically drive the PHP priorities and actions via engagement with external agencies and community groups. The lack of broad stakeholder group that met regularly, to guide implementation was a significant barrier that stifled efficient and effective plan implementation.

3.2.4.2 Plan coordination responsibility

All respondents from the three study sites described how the plan responsibility and coordination rested primarily with one directorate within the organisation. In all three study sites, the development services directorate took carriage of the plan, identifying the environmental health services team as the primary driver of plan actions and strategies within the directorate. It was noted that in all three study sites that whilst multiple departments across the organisation contributed to plan actions and interventions, the Environmental health team members initially drove plan implementation and evaluation.

A LGO clarified the coordinating role of the development services directorate within their organization, highlighting that whilst the directorate 'housed' the plan, considerable advocacy and effort was required to gain commitment from departments other than Environmental Health within the directorate, to generate support and oversee implementation:

We have development services and under development services we have planning, environmental health and building. Ideally there would be staff from each service section but potentially multiple from the different departments as well. It hard to get the managers to give it importance. It's difficult to get everyone to meet. (LGO, Emily).

As noted above, it was extremely challenging to engage staff at multiple team levels within the one directorate to guide plan coordination. Attempting to engage with multiple staff members within the one directorate was somewhat overwhelming and ineffective.

A number of LG managers indicated that since the original PHP was ratified, following annual reviews and through observation, opportunities emerged for plan coordination to be designated to an alternative

directorate that best fit the objectives, strategies and activities built into the plan. Most managers indicated that clarifying the host team or department to coordinate the plan was an evolving and fluid process, often undertaken and then formalised during the plan review process. This is reflected in the following statement:

It will sit with health. There was a push for community services to have it. When we look at that they want to do, they just want to pocket it somewhere and we don't want that. With the new Public Health Act, it made sense for it to sit with health. We want to incorporate all the services that involve public health to be reflected in it. It won't address just compliance in environmental health, it will address all public health risks. (Manager, Brad).

Therefore it appears that opportunities can emerge beyond the planning phase to find the 'best fit' for PHP coordination as key drivers, essential staff skills and interest is generated throughout the implementation process.

3.2.4.3 Coordinating committee

A lack of a clearly defined coordinating group or committee appeared to impact on the effectiveness of plan implementation. A LG manager indicated that there was no existing coordinating or operational group to specifically review and assess plan implementation in their local government. This reflected a need to re-engage relevant staff in the implementation process to keep it at the forefront of their minds, to foster support to implement actions:

We could benefit from more interdepartmental collaboration. Everyone gets so busy that we don't meet. A regular meeting to go through the public health plan but that would have to be led by the Manager for Health. I tell my team you should look at the public health plan, they're all given it but we don't actually sit down and workshop it. (Manager, Alice).

A number of staff in two study sites were unfamiliar with their internal PHP advisory or steering group, their representation and role. This presented an issue regarding internal communication within the host directorate and team responsible for the plan implementation. An elected member indicated that there was a coordinating committee to manage the plan within their respective local government, however staff who managed the plan implementation indicated there was no steering group specifically tasked with coordinating the plan, reflecting a lack of clarity around plan governance and coordination across the organization. Part of the confusion regarding advisory committee membership in one local government, was that the original plan was morphed into an existing and aligned operational plan thus staff were attempting to determine where the PHP coordination sat and who managed the plan actions outside of the original program plan; this coincided with a change in stakeholder representation on a number of program

committees due to staff changes and varying governance structures within each committee, as reflected below:

It started with one health project, then developed the PHP from there. The original project plan has different levels of governance. One group is internal and takes carriage of the action plan. Then there's the project steering committee that has external and internal representation. The agencies that are part of the project steering committee, are the Department of Education, WA Country Health Service, Department of Sport and Recreational and others. (Manager, Rachel).

It can be inferred through the interviewee statements that the lack of a defined steering group within each local government significantly hindered plan implementation efficiencies. This presents an opportunity to explore the formation of a PHP implementation steering group with clear governance measures, guided by a terms of reference, with broad representation from across the organisation. There does appear to be an observed benefit from the formation of a separate interagency group, with broad community representation to articulate community needs and to inform PHP implementation.

3.4.2.4 Plan alignment and integration

Enablers

An organisational factor that was found to impact on plan implementation was the extent to which the plan was integrated across business units and whether it aligned with other strategic planning processes. All three study sites engaged with a consultant to support plan development, to guide the collection of health data, assist in the formulation plan priorities, support the development of plan actions and to construct valid outcome measures to assess plans actions. This appeared to be an enabling factor, with initial support to develop the plan, enabling staff to collaborate and initiate discussions relating to public health:

I was the senior officer and the role was given to me to develop the plan. Not knowing how to go about it, we contracted consultants with internal funds. We developed the plan from there. (Manager, Brad).

We had some pressure from council but they were expecting from us that we would write it. We had to put all our resources together and ended up getting a consultant to help coordinate that. It actually worked really well, it was just getting everyone together so it was good. (Manager, Jerry).

A number of interviewees noted that the plan development phase was a useful mechanism to enhance staff awareness of the need to fully integrate the plan across other strategic documents, using a co-ordinated approach. A manager noted that going through the process of plan development facilitated organizational learning about how best to integrate and align the plan with other strategic documents,

enhancing knowledge about the roles affiliated with plan implementation, prior to the implementation phase:

We have had that focus, that document which has brought out the community expectations. Going through that process of drafting that document and integrating it into the business plan, it is clear that it is not the responsibility of one unit, it's actually a council – whole council approach. (Manager, William).

It can be surmised through interpretation of manager and LGO statements, that there is value in applying a procedural approach to align the PHP and other strategic council documents during the planning stage. This can be seen to support the later plan implementation phase and foster staff awareness relating to plan integration and strengthening organisational learning.

Challenges

A number of challenges relating to plan integration emerged from interviewer comments. Whilst engagement with a consultant and the initiation of PH planning supported staff knowledge and awareness relating to plan integration, the development of achievable, clear, measurable plan objectives appeared to be problematic for several study sites. Interviewees noted that a lack of clarity around plan objectives impacted on their ability to measure and effectively assess plan outcomes:

Different expectations and understanding. I think that's where capacity building comes in and it applies to the public health plan. When they've put this plan together, they've got these awesome ideas but unrealistic in terms of existing capacity and timeframes. (LGO, Jessica).

A LGO was challenged by the need to move the focus of the plan integration across a number of departments within one directorate, to a number of directorates within the one local government organisation. This required a shift in staff perceptions about where PH coordination fits and the predominant organisational culture:

There were missed opportunities. It was a new project. People had never done this before. How can we get a sustainable model across the city because public health plans are supposed to be whole of organisation documents, not just within community services or community development or environmental health team? (LGO, Jessica).

It did appear from this statement that plan integration was problematic at times, extending staff perceptions about their role in PH plan implementation. Sustainable integration was thought to be based around the core function and focus of each directorate, raising questions about how PHP actions are addressed cohesively across synergistic roles.

A LG manager indicated that plan integration with other documents was undertaken in part, however questioned whether this reflected a 'true' alignment. There was a perception that linking strategic planning documents such as the SCP and the PHP via a statement or aligned objective didn't necessarily mean each document effectively linked to and informed the other. A manager questioned the authenticity of this approach in practical terms:

I'm not sure about integration. It's a standalone document, but been integrated I guess in that our strategic community plan does aspire to safe and healthy communities. Our strategic community plan aspires to things the public health plan does, such as it talks about harmonious, caring community. I'm not sure they're integrated, they just have common goals. (Manager, Alice).

There was a general frustration expressed by managers that existing planning frameworks such as the integrated planning framework used in local government in WA, impeded efforts to embed public health actions into broader, comprehensive council plans simply because there was no legislation requirement to do so. It was expressed that delays in legislative changes prevented LG managers to broker support within their own organisation for public health strategies and programs:

Because of the legislation – there's not much you can do. It has been frustrating to influence the planning process. We talk about health integrated planning but as long as the planning framework remains this way, it is hard to influence or get this plan to be part of the planning process. (Manager, Brad).

Overall, there was agreement amongst managers and LGO's that having a PHP clarified the ways in which each directorate or department could contribute to public health strategies, however there was recognition that the plan be a dynamic document to guide public health practice, used as a vehicle to facilitate collaboration and alignment between business units:

The danger is that it has to be a living document. There's no point releasing this shiny document and it sits somewhere without people looking at it. I think there needs to be more reference to our plans. Executive managers need to be more vocal to staff about linking in. (Manager, Rachel).

Based on the above comments, it can be argued that confusion around how to develop the plan in the initial stages, impacted on the implementation stage and evaluation component of the plan. The majority of staff interviewed, expressed that there appeared to be a gap in planning skills required to develop clear and measurable action plans. There appeared to be an inability to effectively integrate the plan with other strategic plans within the organization. This may reflect a practitioner skill gap and relate to internal advocacy within the organization.

Whilst a number of plan alignment and plan coordination barriers emerged, including a lack of a sustained steering and advisory group to facilitate implementation and organizational culture that was slow to recognize the opportunities of authentic plan integration and alignment, significant enablers were presented. Initiating the development of a PHP in the first place allowed each LG to clarify their contributions to PH strategies and encourage discussions internally between different departmental teams and program committees. The formation of an initial steering group to formulate the PHP provided a vehicle to present and discuss PH issues, bringing these issues to the forefront of staff across departments, facilitating greater openness, transparency and intra-agency collaboration. In addition to the challenges described above, the following theme highlights the challenges associated with reporting and evaluation.

3.2.5 Reporting and evaluation

A range of notable reporting, evaluation and monitoring challenges emerged from the interview data. Variability in staff planning contributions, the development of an exhaustive number of KPIs and an inability to adequately gauge stakeholder contributions, presented barriers to plan evaluation. Furthermore inadequate staff evaluation skills, convoluted reporting mechanisms and a lack of clarity regarding Department of Health reporting requirements impeded LGO efforts to monitor and assess PHP actions and outcomes. Whilst several significant challenges emerged, a number of enabling factors were observed to facilitate the reporting process. The need to monitor and assess plan outcomes presented an opportunity to enhance organisational learning to support plan evaluation, whilst the innovation and passion shown by a key number of staff provided a platform from which to develop organisational readiness, a preparatory approach to impending legislative changes.

3.2.5.1 Staff engagement in planning

Interpretation of interviewer comments alluded to issues arising from a lack of staff engagement in the planning process. Staff engagement is a term that loosely implies the level of involvement and discussion that LGO and Managers were engaged in during the plan formation phase. A number of LGOs noted that they were not directly involved in the initial development of the plan, either because they were new to the role or were not invited to contribute to plan development, however they were required to report on numerous PHP actions via their work plans. A number of LGOs noted that this somewhat stifled their work planning and outputs, due to insufficient direction from their management team. One interviewee alluded to gaps in the plan consultation process, stating that they are “expected to report on things that are my responsibility,” however were not formally consulted to contribute to the formulation of plan actions, given that they “had nothing to do with identifying what those things were” (Manager, Michael). It appeared that there were process driven errors and gaps in the initial plan consultation process. This created confusion amongst staff directly involved in plan strategies. Engagement in the initial plan development and consultation stages for all staff involved in plan implementation would add transparency to the process and

guide agency wide contributions to public health strategies, policies and interventions.

Interdepartmental reporting issues emerged, with some staff confused regarding whom was responsible for plan evaluation and monitoring, with a number of teams dedicating insufficient time and resources to monitoring plan strategies and outcomes. It was observed that there was either an unclear or non-existent implementation methodology, adding ambiguity and confusion to plan implementation. A number of staff were unclear about internal reporting requirements, whom within the organization required the detailed reports on plan actions and how to document and record plan outcomes.

An interviewee with experience in health promotion program planning and evaluation, reflected that in their workplace, insufficient energy was dedicated to the development of plan evaluation measures. This was considered to be an oversight in the planning phase, impacting on the ability to monitor and assess outcomes. Staff alluded to the need to identify and utilize employees with skills or experience in public health evaluation and monitoring and to maximize their skills during the plan review phase:

We need to work with the city in terms of capacity building and realising their role in public health planning. Part of planning is evaluation. They're very much about doing but not sure they have time for evaluation. We need indicators that can be used in reporting but we need to be mindful of who's pulling that data together and maintaining it. (LGO, Jessica).

Others highlighted the importance of elevating plan evaluation to give it a greater emphasis during the planning stage, when health priorities are identified, appropriate and specific measures are derived and to link this to existing reporting timeframes such as the annual reporting cycle and periodic review schedules. A LG manager identified that it would need to take “strong internal will from people undertaking regular reporting on key activities they're doing,” highlighting gaps in the reporting process and inadequate “attention given to the implementation plan and its reporting.” (Manager, Michael). This presents a significant lack of familiarity of the reporting process, with the potential for unclear and inadequate reporting measures to misrepresent plan outcomes. Overall it was perceived by the majority of respondents that reporting was not a priority nor was there sufficient time dedicated to clarifying reporting measures.

3.2.5.2 Too many KPIs

Interpretation of interviewee comments alluded to issues associated with identifying clear reporting measures. In all three study sites, KPIs were stated as the most common measure of plan actions. A number of respondents indicated that the magnitude of plan actions and listed KPIs outweighed staff capability and resource provision to fulfil them. This reflects the nature of the original plan, which possibly

included a great number of actions that were not achievable within the reporting timeframe, or extended the skillset of directorate staff tasked with the coordination of a set of actions. Given developing a PHP was a new approach for the LGs, the plan actions in some circumstances, appeared to be beyond the scope and capability of the LGOs. An interviewee noted that their PHP had “some really unrealistic goals or objectives” and considered them to be “unachievable within the set timeframe. ” (LGO, Jessica). Therefore the development of appropriate and realistic KPIs presented a significant issue. This presents an opportunity to explore strategies to up-skill staff in PHP development through either formal training or structured professional development programs with a specific emphasis on plan measures.

Whilst all three local government’s listed action plan outcomes within their PHPs, specific quantitative and qualitative measures or KPIs for plan actions were not directly cited within each PHP. A LG manager outlined that formulating specific measures to adequately reflect tangible impacts was problematic, highlighting the need for a solution:

If you don’t have KPIs it becomes very difficult. How do you measure them? You might have the plan and activities put in there but actual measures, to manage the plans themselves, that’s where the gap is. (Manager, William).

A LG, having experienced a number of reporting issues, identified evaluation gaps in the planning process and sought to review the plan after the three year implementation cycle. Upon review and reflection, one LG team decided to simplify plan outcomes in future PHPs and devise measures to ensure that plan actions were achievable, being mindful of the capacity of the host department and resources dedicated to plan implementation:

This time we’re not going to have massive objectives, we’re going to have a simple plan that is not too big. We’re trying to make the plan simple to reflect our resources and capacity. We’ve learned that it’s quite hard and needs more input and commitment. We didn’t have that. It’s going to be based on what we can actually deliver. (Manager, Brad).

The above comments illustrate the willingness of staff within some study sites to review and assess the plan development process, refining the formulation of reporting measures and mechanisms to assess improvements attributable to plan actions. An ability to assess observed challenges and errors in the planning process does present an opportunity to enhance and improve practice. This can be perceived as a success factor, illustrating the benefit of reflection and embracing the failings of past public health plans approaches (Stoneham, 2019).

One LGO was aware of the presented challenges, problem solving effective strategies to address internal reporting issues as reflected below:

We're looking at running some workshops to try raise the profile and improve the level of understanding of what they should be doing in terms of reporting or giving me information that I can report. I think part of the problem is because my report is only internal, it's not a priority. (LGO, Emily).

An assessment of interviewee comments suggests there is capacity within the LG study sites for staff to identify knowledge and skills gaps in evaluation practice and methodology. Pursuing the acquisition of context specific evaluation tools and applied training may support increased staff knowledge of evaluation methodology and the development of evaluation skills.

3.2.5.3 Assessing stakeholder contributions through action plans

Ideally, when PHPs are prepared, this is undertaken in consultation with stakeholder agencies to identify local health needs and to provide an opportunity for partners to collaborate with LGs to facilitate plan actions. Following analysis of PHPs from the three study sites, there appeared to be a lack of information regarding stakeholder agency responsibility relating to their specific contribution to PHP outcomes. Across the three study sites, a large number of plan actions and strategies relied on the contribution of LG partner agencies, stakeholders and community groups as indicated in the PHP action plans.

Within each study site PHP, contributing partners were indicated in PHP action plans as being 'responsible' for, or 'contributors' to, individual actions summarized under each public health priority. It was challenging to effectively monitor the unique contribution made by partner agencies to programs, policies and strategies. In some circumstances a Memorandum of Understanding (MOU) existed to formalise interagency collaboration to address public health priorities, however on the whole it clarified the role of each partner without placing specific emphasis on identifying responsibility for specific plan actions, embedded into the broader PHPs. This appeared to be a significant barrier to defining the tangible and intangible contributions made by stakeholder agencies. It is recommended that future MOUs developed between LG and stakeholder agencies, clearly outline the specific contributions made by stakeholder agencies to clarify actions undertaken to achieve tangible outcomes.

3.2.5.4 Evaluation and reporting skills

Evaluation and reporting skills refers to the types of skills and attributes staff members require to accurately assess PHP actions. Specifically, this concept explores how well interviewees evaluated their public health plans and reported on them. Most respondents indicated that a greater level of support was required to improve LGO and manager evaluation and reporting skills across the breadth of their work. Generally reporting and evaluation skills are well recognized practice requirements in local government

settings, embedded into work practice, however it appeared that the skills required to assess and interpret public health strategies and programs specifically were beyond the skillset of the majority of staff tasked with implementation. This is illustrated in the comments below:

Officers in local government end up having a grab bag [of strategies]. Some are legislatively required, others not. They're expected internally to report on them but might not have specialist skills across the range of areas that they need to do. (Manager, Michael).

We need to get better at evaluation and I'm talking about the sector. How do we evaluate and measure people's happiness and wellbeing? We can be healthy physically but if we've experienced trauma and use alcohol and drugs to mask feelings, how do we get better at evaluating that? (Manager, Rachel).

Therefore, adequately assessing changes in health behaviours within a community setting, quantifying perceptions of wellness and an ability to measure changes in a range of broad health determinants were presented as a challenge.

Several staff indicated that they were undertaking projects and initiatives that supported PHP strategies, however they were not given KPIs or clear plan measures to respond to, thus their contributions to the plan were not sufficiently reported on. There appeared to be a lack of specificity relating to plan outcomes and KPIs embedded in PHPs. Furthermore some LGOs lacked clarity around how PHP reporting aligned with existing internal reporting timeframes and frameworks:

I haven't got it [public health plan] as part of my KPI and I haven't got a manager going this is part of your reporting, so it's very easy to settle down the bottom of my priority list. (Manager, Michael).

Others noted the limitations in reporting, reflecting an inability to comprehensively assess changes to broader, community health indicators in the long term and the challenges of using existing reporting systems and timelines to assess these changes. A LGO indicated the need to assess program implementation impact measures, complementing this with sustained behavioural, health orientated changes in the longer term, beyond the annual reporting timeframes:

The actual health outcomes, it's a much longer term prospect - and I think that's one of the challenges. If you're selling a plan, it's like people want to be able to report on that, it's achieved things in three years. It's difficult when you're talking about health outcomes and behaviour changes. Not everyone gets that message straight away. (LGO, Jessica).

This feedback suggests that there are gaps in the reporting process that lead to inaccurate plan reporting and misrepresentation of plan achievements.

3.2.5.5 Internal reporting mechanisms

Inefficiencies in PHP reporting were described by a number of interviewees. One regional LG noted that overall, they perceived the PHP to clearly link to other strategic documents in council such as the Strategic Community Plan (SCP) and the Corporate Business Plan (CBP), however at an operational level, there were gaps in the work plans of individual staff tasked with specific KPIs linked to the PHP. It appeared that there was insufficient consultation undertaken with operational and 'grass roots' staff, during the planning process to identify who was responsible for activities and interventions that were listed within the plan priority areas, aligning with PHP actions plans. This is reflected below in LGO comments:

It's referenced in other strategic documents and it also references strategic documents. So what happens is that it creates validity, a document that informs our work plans. It falls down at the implementation plan around work plans for individual officers. (Manager, Michael).

Ambiguity in reporting appeared to create confusion between staff members within operational teams across different departments when annual reports were being prepared, unsure as to how PHP actions were to be reported. LGOs and managers expressed a sense of frustration at being required to report on plan actions but unclear as to the level of specificity required from executive level management, to contribute to annual reports and other strategic reports required by council:

I think it's allocating specific strategies to people for them to work on, that is successful but the downside was if you haven't been allocated one that you think you could contribute to. I think having very specific strategies and actions has been a successful part. (Manager, Alice).

We had to report officially on our involvement with some strategies in the public health plan. But the individual lines of reporting are detailed and don't actually sit in the public health plan as it exists. (Manager, Michael).

Therefore facilitating reporting within individual project teams was challenging without a clear reporting mechanism or framework. This was magnified at a department and directorate level, when annual reports were formulated and consolidated.

3.2.5.6 Department of Health reporting requirements

It is important to note that at the time of the study, each case study site had prepared and formalized a PHP without a statutory requirement to do so, thus each LG formulated a plan the address local health

needs and issues, without restricting the vision or structure of their plans to align with state public health policies and priorities. Whilst this was a positive outcome, ensuring strategies were driven by local health priorities, it presented a significant challenge for each study site to formulate plan evaluation measures without support or guidance from either the DOHWA or another external agency. Reflected in the following statements from LG managers and LGOs, a number of respondents indicated that reporting requirements should be dictated by the DOHWA, requesting their leadership and guidance:

Local governments need more of an opportunity to access support to develop legislative documents. We need support to plan and to initiate the planning process. (Manager, Michael).

Obviously we have an annual report and a page in the annual report for a health and wellbeing plan but there's no real KPI or measures against outcomes. There's broad outcomes but I would like to see some concrete elements. That goes back to the health department agreement. It would be good if they said we'd like you to show X percent. Do they want percentage achievements or increase in knowledge, and those elements? (LGO, Emily).

Whilst there was some ambiguity around the specific internal reporting requirements in each local government, a number of staff were actively preparing for the future release of stage 5 of the Public Health Act, to ensure that they were informed and ready to initiate informed reporting to comply with statutory requirements and align with the State Public Health Plan:

We don't have to report to the health department yet but obviously once that is in place, I'm trying to get them to see that we should be doing that now so that we can lay the ground work and that system will be in place, so when we get to phase five we won't have to run around going, what reporting do we have to do? (LGO, Emily).

This illustrates a serious commitment by local government staff to embrace informed and participatory public health planning. Therefore, whilst the LGs involved in the study have demonstrated a commitment to the need to improve PHP reporting and monitoring, LGO comments indicate a greater level of support is sought from DOHWA and stakeholder agencies such as WALGA to clarify specific reporting requirements, consistent with the State Public Health Plan, currently in draft. The degree of specificity required to report plan actions is unclear, along with a lack of understanding as to how to monitor and assess changes in health determinants, health behaviours and public health risks.

3.2.5.7 Refining the monitoring process.

Interviewees indicated that strategy implementation responsibility was spread across a number of council departments, making it a challenge to report on projects in a unified way. Reporting rigour was considered

to be limited to the quality of the action plans and key performance indicators developed in the initial planning phase, how well the reporting framework was articulated to relevant staff and the level of intra agency coordination employed when formulating plan measures. Clear monitoring processes were attempted in all LGs engaged in the study to assess plan actions:

One of the key things about the plan was to try and get all departments here like planning, tech services, to have a public health measure, so at the end of every financial year, they can assess for themselves with the help of the co-ordinator of the plan. For example Tech services with bike paths, so they try to implement some aspect of public health. (Manager, Brad).

One local government stated in their PHP, that it would *'measure and report against an agreed range of community and health and wellbeing indicators to track outcomes over time,'* however the effectiveness of this approach was questioned by staff within the organization who indicated that in some instances, a number of plan action items were not articulated clearly to staff responsible for their implementation and evaluation:

We found some teams weren't even aware that there'd been actions allocated to them. We'll review the public health plan and refine it, through a full consultation process with relevant service area teams to make sure that the plan is achievable, so that it will get implemented and properly reported on. (LGO, Jessica).

Interviewees had clear views and suggestions about how to improve the reporting process. A number of LGOs commented that regular plan reviews were required to accommodate changing community needs and priorities and to ensure that plan components were both relevant and implemented as intended. Suggestions based on timeframe varied, however plan review at least once every two years was considered to be appropriate:

There's been no review in two-and-a-half years. I think it needs more regular review for it to be a dynamic document. So you've done that three years ago, it's a different community, there are specific actions but to stay relevant there needs to be more stringent review processes. (Manager, Alice).

Furthermore, plan monitoring and evaluation presented an opportunity to quantify the contributions made to public health initiatives by a range of business units across the local government organisations, bringing greater transparency to their role in public health advocacy and implementation, as illustrated in the comments below:

If you look at our plan in detail, every single department has a role in this plan. We wanted them to know that whatever they're doing, indirectly or directly, contribute to public health. (Manager, Brad).

We reported based on each priority, so it clearly shows there are a lot of activities undertaken. For some reason we're not sort of visible but because of this structured - document and structured approach, they actually fit into a lot of those priorities. (Manager, William).

In summary, there were several suggestions presented to refine the plan monitoring process. It was recommended that regular reviews be undertaken to assess the achievement of plan outcomes, along with refining the coordination of plan formulation strategies to encourage cross departmental and intra team planning to formalise the work outputs and action plans of LGOs staff directly involved in implementation and evaluation.

3.2.5.8 Organisational learning

Enablers

Aside from the development of the plan itself, a number of positive outcomes were derived from the plan reporting and evaluation process. Several staff indicated that organisational learning resulted from the monitoring process via increased staff awareness of ways to assess program and strategy effectiveness. This perspective is highlighted in the comments from LG managers noted below:

We conduct annual compliance audits, though some of those do not cover the actions that are in the public health plan. On an annual basis, we report on compliance. The advantage is we now set targets within the public health plan, which we hope to do next financial year. We measure against that to see what we have achieved to set targets. (Manager, William).

I think for me personally, the most important part of this plan is, it has been a learning process. The learning process has come with actually developing and implementing the plan. (Manager, Brad).

This provided an opportunity for staff working in roles such as environmental health, to move beyond a 'compliance' focus in their work practice, to encompass one that measured specific outcomes and refined targets to guide future public health strategies and initiatives. Furthermore, a LGO highlighted the initiative shown by their team, pre-empting the need to look at ways to encourage staff within their directorate to think about possible public health actions and to construct practical plan measures and reporting frameworks early, in light of future State Public Health Plan monitoring and evaluation requirements:

We don't have to report to the health department yet but - I'm trying to get them to see that we should be doing that now, so we can lay the ground work and that a system will be in place and so it will be easy when we get to phase five and we won't suddenly have to say what reporting do we have to do? (LGO, Emily).

In summary, this section explored perceptions about the challenges and enablers associated with plan reporting, monitoring and evaluation. The majority of key informants indicated that strategy implementation responsibility was spread across a number of council departments and directorates, making it a challenge to report on projects in a unified way. On the whole, reporting rigour was limited to the quality of the action plans, if sound performance indicators or measures were developed in the initial planning phase and how well the reporting framework was articulated to relevant staff. Significant enablers emerged from the interviewee data, illustrating that organizational learning was associated with sound plan evaluation approaches and the initiative shown by passionate staff fostered organizational readiness to approach monitoring and evaluation models early, prior to legislative and regulatory changes taking effect.

Table 4. Themes, sub themes, enablers and barriers that emerged from the interviewee data.

Theme	Sub themes	Barriers	Enablers
Organisational Capacity	Staff capacity- Attributes, skills and knowledge. Perceptions of confidence to implement plan actions. Staff retention and selection. Funding outcomes.	Poor staff retention. Limited funding within LG and within partner agencies. Resource provision limited the scope and reach of partner agencies.	Passionate and engaged staff. Staff with skills in health promotion. High collective efficacy and confidence to implement plan actions.
Advocacy	Plan legitimizes public health actions. Lack of internal advocacy. Public health language. Raising the profile of PHP. Being an 'early adopter'.	Lack of internal advocacy from executive managers and elected members. Low level of Public Health Literacy. PHP lacked visibility or profile. PHP perceived as a low priority compared to other planning areas.	PHP legitimizes existing PH programs and initiatives. Leadership shown through early plan adoption, initiated by innovative staff. Interdepartmental collaboration supported internal advocacy.
Partnerships	External collaboration. Internal collaboration.	*None noted.	MOU strengthened external partnerships and facilitated plan implementation.

	PHP a catalyst to formulate internal and external partnerships.		Aligned team work, sound working relationships and resources to achieve PHP outputs.
Coordination and alignment	<p>Plan process informs coordination strategy.</p> <p>Plan coordination responsibility within the organization.</p> <p>Coordinating committee.</p> <p>Plan alignment and integration.</p>	<p>Coordination responsibility in one directorate hampered plan integration across the organization.</p> <p>Difficult to develop clear, measurable plan objectives.</p> <p>Plan integration challenged staff perceptions about where the plan should 'sit' within each organisation.</p> <p>Identifiable gaps in staff planning skills to formulate clear action plans.</p> <p>Initial PHP formulation committee devolved.</p>	<p>Utilising a consultant guides plan development, informs implementation process.</p> <p>Having an initial steering group to develop the plan, was a vehicle to present and discuss PH issues.</p> <p>Having a PHP supported emerging opportunities for directorates and departments to contribute to PH.</p>
Reporting and evaluation	<p>Limited staff engagement in PHP development.</p> <p>Assessing stakeholder contributions.</p> <p>Evaluation and reporting skills.</p> <p>Department of Health reporting requirements.</p> <p>Refining the monitoring process.</p>	<p>PHP planning- Errors and gaps in initial planning consultations.</p> <p>Too many KPIs.</p> <p>Inadequate measures to reflect plan outcomes.</p> <p>Plan KPIs and outputs are not adequately reflected in staff work plans.</p> <p>Reporting rigour limited to action plan quality.</p> <p>Lack of emphasis given to the evaluation phase of the plan during the planning process.</p> <p>Staff lack sufficient plan evaluation skills.</p>	<p>Plan review supports implementation process and monitoring plan outcomes.</p> <p>Staff with skills in program evaluation and monitoring support reporting process.</p> <p>Organisational learning and enhanced capacity was reflected as an outcome of the plan implementation process.</p> <p>Regular plan review and monitoring supports evaluation and role transparency.</p>

3.3 Document Analysis

3.3.1 Public Health Plan alignment with LG Strategic Plans

A number of planning documents in each study site were reviewed to observe the degree to which alignment and integration was employed across internal strategic documents. This approach was utilised to determine the degree of alignment between the PHP for each site and other planning documents.

All LGs throughout Western Australia, due to regulations associated with the *Local Government Act 1995* (State of Western Australia, 2011) are required to develop a Strategic Community Plan (SCP) and a Corporate Business Plan (CBP). The SCP is a document that outlines a local governments 'long term vision, values, aspirations and priorities, with reference to other local government plans, information and resourcing capabilities' (WADLGC, 2016, p9). The plan is a dynamic document that is reviewed in full every 4 years and desk top reviewed every 2 years. It is usually structured based on the LGs chosen planning framework, clearly articulating the medium to long term strategic vision of the LG. In contrast, the CBP is a document with an implementation timeframe of 4 years. Essentially the CBP fulfils the first four years of the SCP, reviewed and updated annually (WADLGC, 2016). The CBP specifically outlines budgetary and staff resourcing plans, major projects and initiatives planned over the 4 year period, specific action plans to achieve plan outcomes and monitoring and evaluation measures.

In the initial stages of PHP development, Stoneham and Associates and PHAIWA (2017) in their *Public Health Planning Guide for Local Governments* resource, purport the benefit of reviewing the SCP, CBP and Annual Reports to ascertain existing health and wellbeing strategies and interest, supporting PHP development. Furthermore, an in depth analysis of all plans is recommended to identify commonality in strategies and synergistic policies (Stoneham and Associates and PHAIWA, 2017). Therefore the degree of integration and alignment shared between the PHP and other strategic documents can guide both the planning and in hand, the implementation process. The PHP itself may be a stand-alone document that links to both the SCP and the CBP, or be integrated into documents such as the SCP whereby PHP strategies and major projects are directly cited in the SCP (Stoneham and Associates and PHAIWA, 2017; WALGA, 2017). PHPs if not directly incorporated into SCPs can also take the form of informing documents to the SCP, clarifying the contribution of resources, partnerships and effective collaborations to support local health and wellbeing (WALGA, 2017).

A word search using the terms '*Public Health Plan*', and '*Public Health*' was undertaken if each of the three study site SCPs, to determine if there was an explicit link between the PHP and the SCP and the CBP for each study site. Of the three Local governments observed, only 1 local government specifically cited the Public Health Plan within the SCP, thus directly integrating components of the two documents. This analysis indicates the potential benefit derived via close alignment with strategic planning documents and the effort required to facilitate effective and synergistic integration of public health actions into the SCP.

For each Local Government study site, the annual and financial reports were reviewed for the year following the initial PHP ratification. Furthermore, each plan was observed to assess reporting and monitoring measures. Analysis was undertaken to determine how effectively the PHP was integrated into reporting frameworks in the first year of implementation and to clarify how PHP actions were measured in

the first year. The calendar year of plan ratification varied for each site, ranging between 2014 and 2016. A critical review of both report types indicates that generally PHP actions are likely to be presented under business areas in the annual report as a general summary and less likely to be documented specifically as an individual item in the financial report component of the annual report. It appeared that *'Health'* was a reportable item in financial reports, however tangible *'Public health'* expenditure was unclear in the financial reports for each study site. Therefore clear budgets aligned to public health projects and the public health plan itself were difficult to decipher within the annual and business reporting documents, indicating that existing reporting frameworks may constrain the visibility of plan actions and impact on PHP strategy evaluation and outcomes. Table 5 that follows, illustrates the Document Analysis and word search results, highlighting the linkages between planning documents within each Local Government study site.

An analysis of the PHP plan measures for each study site was undertaken. Please refer to Table 6 to observe the measures and reporting items in each study site PHP. Given interviewee feedback alluded to the challenges associated with plan evaluation and monitoring, the ways in which each LG site clarified plan measures was observed along with an overview of whether resource allocation specific to PH actions was identified within the plan itself. There was variation between all three study sites when reporting on plan measures and outcomes. Two of the study sites indicated which department was responsible for key health priority areas, whilst the remaining study site cited specific roles within the organisation, responsible for specific strategies and actions, further clarifying individual roles within directorates and departments. Example roles included the CEO, mayor, external stakeholders, EHOs, CD teams etc. Thus, some sites were very specific and others, flexible in clarifying whom was responsible for strategy implementation. It appeared that plan monitoring and evaluation measures varied between PHPs. In two of the three sites, specific KPIs and plan measures were not listed, suggesting these were either difficult to develop or were possibly listed within the individual work plans for departmental teams or individuals. One study site cited specific measures for plan strategies relating to key priority areas with clear measures for each strategy. These were primarily process evaluation measures and mostly related to resource development, attendance at events and workshops. It was observed that specific KPIs at an individual or team level were not detected in PHPs across all three sites, indicating a lack of acknowledgement in individual work plans. previously alluded to in interviewee comments, may indicate the need to explore effective ways to assess staff contributions to the PHP actions and achievement of plan objectives and strategies.

Table 5. Document analysis results for each Local Government site.

Study Site.	Search term ' <i>Public health plan</i> ' identified'.	Search term ' <i>Public health</i> ' identified	Strategic community Plan (SCP), Corporate Business Plan (CBP) and PHP document links.	Links to Annual Report and Financial report (post year of ratification).
LG 1	Yes	Yes	' <i>Public Health Plan</i> ' term is listed in the CBP under Corporate Planning Strategic Objectives and described as an informing strategy and deliverable action for 6 aligned, internal Business Plans. ' <i>Public health</i> ' [programs] listed under SCP themes listed under Community Health and participation.	Public Health Plan ratified 2016.: <u>2016/2017 Annual report reviewed.</u> Cited ' <i>Public Health</i> ' documented under the 'A Connected Built Environment' theme, p24, in the 2016/2017 Annual report. 'Health focussed initiatives' are mentioned in Annual report. Public Health or Health and Wellbeing plans are not listed in Annual report. Financial report: Statement of expenses lists 'health' income and expenditure, p50. Health is listed under 'Commercial services' and 'Development services' operational work area. Specific ' <i>Public health</i> ' expenditure is not listed.
LG 2.	No	No	' <i>Public health plan</i> ' and ' <i>Public health</i> ' terms not found in SCP and CBP. ' <i>Community wellbeing</i> ' is stated as a future direction and goal terms listed along with ' <i>accessible health</i> ' in the SCP.	<u>2014/2015 Annual report reviewed:</u> Public Health and Wellbeing plan cited in CEO address, p7. A comprehensive summary of the Health and Wellbeing Plan outcomes for its first year of implementation under the 'Preventive health' theme, p27. 'Health' is listed under Financial Report revenue item 4 and expenses item 4, however expenditure relating to the Public Health Plan specifically is not listed in the Annual Report. Health items listed in the Annual report relate to Health activities such as immunisations, health inspections, pest control and other environmental health and community health activities. 'Health services' listed under Development Services Directorate as the operational work area.
LG 3.	No	No	' <i>Public health plan</i> ' and ' <i>Public health</i> ' terms not found in SCP given that it was released after the SCP was developed nor in the CBP.	Public Health Plan ratified in 2015.: <u>2015/2016 Annual report reviewed.</u> 'Public health compliance' documented under Environmental Health. Public Health plan implementation was described in detail in a separate section, p27 under Environmental health, development services summary.

Table 6. Summary of plan reporting measures for each of the three study sites.

Study Site	Plan structure and reporting items	Measured identified in PHPs	Resource allocation cited in plans
LG 1.	Strategic Objectives that relate to 7 priority health issues. Each objective is addressed via Action plans that include specific strategic objectives. Outcome measures are listed against key internal departments. Health Services are responsible for the majority of outcomes and actions listed per each Strategic Objective, supported by Planning, Corporate services, Recreation Services, Events, Development services, Community Development and Reserves.	There are no specific measures for each outcome identified in the plan itself. The responsible host department is listed.	Majority of resource items included existing staff time and current budget.
LG 2	Developed 8 priority strategies across 3 areas of focus; Environmental Health Protection, Chronic Disease Prevention and Enhanced Community life, encompassing over 48 individual outcomes.	A PH stakeholder Group set up however interviewees noted this was not sustained to support plan implementation and plan actions. External partners identified as contributors to plan actions under 'responsibility' item however clear KPIS or measures are not cited.	The majority of resource allocation is indicated as staff time under existing resource allocation. A number of items required funds for a consultant, external funding or additional funds to prepare program resources and events.
LG 3.	Plan encompasses 6 priority PH strategy areas. Priority areas align to a number of SCP objectives, largely coordinated by the Environmental Health team. Each PH strategy area includes a primary goal and a number of clear strategies, supported with local evidence and links to internal policy documents. Specific strategies include a clear goal, list of actions, measures, role responsible for each action, intended timeframe and indicate cost.	Plan measures are listed under each Priority area, related goal and strategy. Measures items listed are largely quantitative such as number of contacts, attendees at events, number of complaints made etc 'process evaluation' orientated measures. Roles responsible for plan actions are broad, encompassing external agencies, staff members such as local members, CEO, EH officers, community development staff etc	Cost indicators were either in kind, nil or estimated expenditure. Examples of dedicated budget allocation includes resource development for items such as recipe books, trail maps, policy development and running workshops and events.

3.2.2. Awards that directly relate to the PHP

Table 7 below illustrates that the three local government study sites were recipients of a range of state and national awards and commendations across a broad range of program and strategy categories, namely physical activity, healthy environments and nutrition focussed policy. Thus the observed success of each local government reflects both innovation and a sustained commitment to the advancement of public health in local communities. Whilst the range of awards received by the three LGs in the study are indicative of their efforts and successes in community engagement and strategy implementation, a number of LG Officers indicated that the Children's Environment and Health Local Government Policy Awards (PHAIWA, 2018) provide some recognition for local governments and motivated efforts in public health strategy implementation (Manager, Jerry and Manager, Rachel) yet the award submission timeframe conflicts with Council reporting timeframes (LGO, Emily). There appears to be disconnect between the award agency nomination application timelines and local government evaluation and annual reporting timeframes. This lack of alignment could be reviewed to align with WALGA conference and networking engagements to support LGO efforts to prepare submissions and promote the intended outcomes of health and wellbeing initiatives.

Table 7. Awards received by each study site.

LG Site	Award type	Award nominations (year)	Awards received per nomination category
LG1	The Children's Environment and Health Local Government Policy Awards (PHAIWA)	2015, 2017, 2018.	<u>2015</u> - Commendable- <i>Environments Promoting Physical Activity</i> . <u>2017</u> - Winner- <i>Road and Active Transport Safety</i> . <u>2018</u> - Commendation- <i>Environments Promoting Physical Activity</i> . <u>2018</u> - Winner- <i>Children's Consultations</i> .
	National Heart Foundation Local Government Award	2017	<u>2017</u> Commendation – 'Healthy project' and 'City Cycle Strategy'. WA State winner.
LG2	The Children's Environment and Health Local Government Policy Awards (PHAIWA)	2016, 2017, 2018.	<u>2016</u> - Commendation, Environments Promoting Physical activity. <u>2017</u> - Commendation- <i>Child Health and Development</i> . <u>2018</u> - Commendation- <i>Early Literacy</i> .
LG3	The Children's Environment and	2015, 2016,	<u>2015</u> - <i>Overall Winner- Best in WA Metropolitan</i> .

	Health Local Government Policy Awards (PHAIWA)	2017, 2018.	<u>2015</u> - Winner- <i>Aboriginal Child Health and Promoting Healthy Behaviours</i> . <u>2015</u> - Commendable- <i>Healthy and Safe Food</i> . <u>2015</u> - Commendable- <i>Smoke Free Environments</i> . <u>2016</u> - Winner- <i>Promoting Healthy Behaviours</i> . <u>2016</u> - Winner- <i>Nature play</i> , <u>2016</u> - Commendation- <i>Shade in Public Places</i> .
	National Heart Foundation Local Government Award	2014	<u>2014</u> - Highly Commended award- ' <i>Physical Activity</i> ' and ' <i>Sense of community</i> ' categories.

Chapter 4: Conclusion and recommendations

This chapter is constructed into two parts. The first part will explore conclusions derived from the results and present a number of recommendations for further actions to progress Public Health Plan implementation in local governments in Western Australia. This chapter will discuss important elements that both enable and impede PHP implementation. These elements include; organisational capability, governance, plan integration factors and monitoring and evaluation investments. Furthermore, the second part of this chapter provides an exploration of the implications of this research and study limitations.

4.1 Study findings

A number of key findings emerged from the analysis of the in depth interviews and document analysis. These include discussion relating to organisational capability, governance, monitoring and evaluation investment and plan integration factors.

Organisational capability

The ability of each local government engaged in this study to effectively implement a PHP hinged on several capability factors. As identified in the interviewee feedback, organisational capacity to implement a PHP was facilitated by strong internal advocacy and adequately skilled staff to ensure that the plan was initiated and implemented as intended.

As identified by Davey (2007), fostering appropriate skill development in LG staff is an essential success factor for the implementation of a PHP. Similarly, this study identified the importance of the attainment and retention of staff with adequate skills in health promotion, program planning, evaluation and reporting. Staff retention was noted as a challenge for all three study sites, impeding efforts to progress PHPs actions and the intended PHP implementation strategy for each LG.

Recruitment and retention issues in LG has been well documented in recent years. Whilst WA LG workforce data is challenging to access and largely fragmented, the attraction and retention of staff to LG roles remains a challenge (Mazzarol and Wong, 2005). Evidence compiled for the Department of Regional Development WA (CEDA, 2016) indicates that attracting and retaining suitably qualified staff is a significant barrier to regional and remote LGs, compared to metropolitan LGs. The diverse nature of smaller regional and rural communities, coupled with relatively smaller resource and budget allocation, presents significant constraints to staff recruitment and retention (CEDA, 2016). Whilst staff retention in LG is a common issue in the LG sector, an inability to secure qualified LGOs and EHOs may be exacerbated in regional areas, limiting the capability of regional LGs to implement PH actions. An assessment of turnover data from 13 LGs in WA in a study undertaken by Mazzarol and Wong (2005) highlighted that EHOs were one of five specific occupations with problematic turnover. This indicates that the LG sector is experiencing shortages in EHO numbers and retention, reflecting an inability to retain EHOs in the sector. In the broader context of PHP implementation, EHO shortages and retention may impede LG efforts to support PHP formulation and integration in the longer term. To support LGs to maintain their existing workforce and identify future workforce needs, WALGA (2012) developed a supporting toolkit to encourage integrated workforce planning in LGs and to support sustainable workforce practices. Furthermore, efforts have been initiated by WALGA (2019) to observe LG staff attraction and retention issues across WA via the development of the WALGA Salary and Workforce Survey (WALGA 2018). The survey, along with a supporting web portal for LG subscribers, provides valuable tools and resources to support LG's with workforce profile data to support workforce planning and mitigate staff attrition across the LG sector.

It was observed that organisational capability was compromised through a lack of a sustained and effective advisory and coordinating group. A breadth of evidence exists that supports the need to have an advisory group to guide the development of a PHP (Stoneham and Associates and PHAIWA, 2017; WALGA 2017). Analysis of interviewee feedback illustrates that broad representation across the LG organisation is required to drive the implementation process. Furthermore meeting regularity needs to be considered and consolidated in the form of a terms of reference to guide group actions along with a need to link group and individual work plans to PHP KPIs.

Analysis of interviewee feedback indicated that the coordination of the PHP within a particular Directorate, need not be based on the ideology or historic work practice of a particular team or individual with an interest in public health interventions. Rather, it is recommended that it be hosted in the Directorate with staff and teams with significant experience in partnership and stakeholder engagement, skills in the assessment of community health needs and risks, along with an ability to develop HP interventions and assess the effectiveness of interventions.

There was an observed lack of investment in a sustained coordinating group to facilitate plan implementation and evaluate plan outcomes. Executive Managers and decision makers were not involved in regular meetings to guide implementation outcomes, so were removed from the implementation process. Overall, the implementation process suffered inefficiencies and a lack of support from Elected Members and Executive Managers.

A lack of internal advocacy on the part of Councillors and the Executive was observed to be due to a lack of legal mandate to initiate PH planning, thus it was thought this resulted in impacts to implementation efforts. Without a mandate or legislative requirement, there was less emphasis placed on monitoring and evaluation to support the achievement of plan actions. Whilst initial support for PHPs by Elected Members and Mayors across all study sites was reflected in PHP ratification, there was either an unwillingness or inability of Elected Members to show leadership and advocate for plan implementation in a practical sense, through the provision of funding and resources. Therefore internal advocacy and funding issues impacted on PHP application and implementation. It was observed that the ratification of a PHP doesn't necessarily translate to effective PHP implementation, therefore it is recommended that further research be undertaken to explore effective strategies to support implementation once a PHP has been ratified by Elected Members. It is also recommended that executive level managers with broad representation across a number of directorates or departments within each LG, have representation on the dedicated PHP coordinating group, ensuring their commitment to the PHP actions and to strengthen internal advocacy for PHP interventions.

Governance

PHP implementation was impacted by a range of governance practice and policy direction measures. Given that the PHPs were initiated voluntarily by each local government in the study, without a mandate to do so, reflects the vision and innovation shown by each LG. Despite the initial innovation and commitment to plan development, overall plan governance issues relating to resource allocation and staff role delineation impacted on PHP implementation practice across the local government sites involved in the study.

It appeared that there were limited staff available across the three study sites to implement the intended strategies and actions embedded into PHPs. This indicates an opportunity to observe the original planning process to clarify LG staff perceptions about their role in PHP implementation and receptivity to implementing plan actions. In a number of study sites, the number and breadth of plan strategies exceeded staff capability and resource allocation. In some cases, there were too many KPIs listed within the plans, with staff expressing an inability to adequately respond to all actions in an effective way. Therefore staff engaged in the original planning process may have struggled to foresee the time and resource allocation required to implement planned actions, given it was a relatively new process. In some cases LG staff noted there was insufficient resource allocation dedicated to the plan implementation phase, impeded partly by disconnections between SCP, CBP and annual reporting cycles and budget allocation aligned to each reporting cycle.

It was observed that there was little evidence to clarify the responsibility of PHP actions and outcomes between each LG and respective partner agencies and stakeholders. This suggests that on the whole, the principal responsibility for PHPs implementation rested with the host local government. This highlights an opportunity for further research to explore approaches that extend responsibility for shared plan outcomes, for them to be spread amongst aligned health agencies and community collaborators, extending governance capability and the need for formalised agreements such as MOUs to solidify such commitments and alliances. In other states MOUs and formal agreements have been shown to support effective PH Planning efforts and to confirm partnership arrangements between LGs and external agencies (Davey, 2007; Government of South Australia, 2013; VDHS, 2013). Clarifying plan action responsibility via an MOU or other means allows the activation of partnerships to mobilise LG capacity for PH interventions and strategies (Browne, 2017). Therefore it is recommended that further research and exploration of the development and formalisation of MOUs to support PHP development in WA, be considered as one option to support PHP implementation in LG settings.

Analysis of interviewee feedback indicated that overall LGOs and managers are well versed in PH practice and have a sound ability to engage effectively with community partners and develop internal partnerships, however executive level Managers on the whole grapple with the concept of PH and the role of local government in PH practice. To support internal advocacy for PHP implementation and to mobilise the support of executive management, a concise training program to increase knowledge and awareness of public health programs in a LG setting, specifically pitched to Executive Managers and Elected Members is recommended. The provision of a public health online short course has been shown to be effective option to enhance organisational capacity to plan and implement PH plans in other states such as South Australia (South Australian Local Government Association [LGSA], 2018). Whilst the SA short course example had a primary focus on fostering the knowledge and skills of EHOs in SA to engage in the implementation process,

a similar approach could be utilised in WA, supported and funded by WALGA. Existing programs such as the PHAIWA Public Health Advocacy Short course (PHAIWA, 2019) or the Curtin University Health Promotion Short Courses could be adapted and reconfigured for this specific purpose.

The establishment of a directory of LGs PHPs and example implementation models has been utilised in SA to support local councils to develop local partnerships, guide the development of plans and support the facilitation of implementation processes (LGSA, 2018). Similarly in WA, WALGA has made significant progress to support WA LGs to develop PHPs via the preparation of documents such as *'The role of Local Government in Community Health and Wellbeing WA Public Health Act 2016'* document (WALGA 2017) and via the provision of training seminars to develop PH planning skills in staff nominated via their respective workplace. This is an encouraging start to progress skill and practice development in staff required to facilitate plan implementation. Further actions to consolidate and expand professional development opportunities for LG staff engaged in PHP implementation is recommended.

Plan integration factors

Plan integration factors had a significant impact on PHP implementation within the three study sites. With the exception of one regional LG in the study, PHPs were poorly aligned to other strategic documents, with mostly weak links to documents such as the CBP and the SCP, presenting an opportunity for structural improvements to be made to integrate plans in a more cohesive and complementary manner. Across two study sites, PHP actions were cited in the CBP and in Annual reports, however budgetary allocation for specific actions was difficult to decipher. There appeared to be confusion around how to align PHP objectives and strategies to other strategic plans and documents. Ambiguity in reporting reflected a lack of transparency regarding PHP outcomes and achievements. Analysis of interviewee feedback indicates that LGOs are eager to develop performance indicators that include short term measures of PHP strategies up to 12 months to align with annual reporting cycle, along with long term measures to support CBP and SCP reporting cycles. It is recommended the LGs, where possible, consolidate the reporting process to accommodate for short and long term reporting measures in their PHPs and extend their plan reach even further via the integration of the PHP into the SCP.

Effective PHP implementation requires horizontal and vertical integration across the organisation (Davey 2007). This process relates to the plan linking to the community vision and actions at a horizontal level and this is then complemented with vertical alignment with the SCP, CBP and state-wide plans such as the WA Public Health Plan, currently being devised (DOHWA, 2017). An approach of this nature ensures that local health issues are considered via community and local statutory bodies. It is imperative that LGs are supported to explore effective strategies to best align their PHPs to other strategic documents that best

reflect the nature and flavour of their community focussed plans. Sound integration is sought to ensure PHPs and strategic documents bring council departments and activities closer together in a unified attempt to enhance community health and wellbeing (Browne, 2017).

Efforts to align LG PHPs and strategic plans have been supported in other states such as Victoria, through the development of supporting tools and guides for LGs (VDHS, 2013). The VDHS recommends that careful attention needs to be dedicated to the development of the PHP to ensure alignment with Council PHPs over a number of phases. These include pre planning, municipal scan of existing plans, intra and external agency engagement, implementation of the plan and a rigorous evaluation phase (VDHS, 2013). It is recommended that LGs in WA are provided with continued support from WALGA and other relevant organisations, via existing Integrated Planning Frameworks (WADLGC, 2016) supporting resources (Stoneham and Associates and PHAIWA, 2017), training seminars and opportunities such as LG peer led mentoring programs to enhance PHP integration within their organisations.

Monitoring and evaluation investment

Whilst the existence of a PHP in each of the study sites illustrated a sound commitment to PH planning in each respective LG, it appeared that a commitment to the development of clear PHP outcome measures was lacking. Whilst supporting frameworks were available for LGs to develop PHPs, there was limited information available from Department of Health WA to clarify the steps required to develop clear measures to assess and evaluate plan outcomes. This reflects an opportunity to both highlight and identify the PHPs that have ineffective components and or actions that have failed to achieve intended outcomes. Stoneham (2019) notes that an exploration of failed approaches within programs in public health settings can present an opportunity to initiate dialogue around the factors that lead to a programs demise. Furthermore, reflecting on the failed elements of a program or intervention can provide a foundation for learning, allowing innovation and differing perspectives to emerge (Stoneham, 2019). Therefore, an inability to clarify PHP measures and outcomes presents an opportunity for learning and renewed approaches to PHP implementation.

In the past, other States have utilised a range of planning models to support PH planning and evaluation in local government settings. For example, Victoria Health (State of Victoria 2016) have utilised the Precede Proceed program logic model (Green and Kreuter, 2005) to develop a scorecard to guide LGs to plan development and implementation phases and develop clear measures for strategy delivery and outcomes. Furthermore planning for PH initiatives in Victoria, is based on the *Victorian public health and wellbeing outcomes framework* (State of Victoria, 2016) to support the monitoring and reporting of PH actions. The framework includes a set of measures, notably indicators, outcomes and targets to assess collective efforts

to promote health and wellbeing. In WA, LGs can access support to develop clear measures of plan actions by consulting a broad range of PH planning and evaluation planning tools (Stoneham and Associates and PHAIWA, 2017 and DOHWA, 2018). Whilst the resources are comprehensive, LGOs will require time to access, interpret and consolidate their understanding of evaluation processes and approaches.

Having undertaken a systematic analysis of Municipal Public Health Plans in a Victorian setting to ascertain the use of evidence to inform plans, Browne (2017) recommended that additional resources and incentives be provided to LGs in Victoria to support the comprehensive evaluation of Municipal Public Health Plans, given this was a significant barrier to the assessment of plan outcomes. Browne (2017) identified the need to support LGs to gather both 'descriptive evidence' relating to PHP interventions and 'intervention evidence' to enhance LG staff evidence literacy. Thus formalising an audit of examples of effective PH interventions undertaken in LG contexts is recommended to enhance LG staff evidence literacy. Similarly, it is recommended that the Department of Health WA and WALGA consider alternative resource allocation options, training programs or grants to support LGs to enhance implementation evaluation.

It is recommended that the WA State Government, the Department of Health Environmental Health Directorate, through direct collaboration with WALGA, contribute to existing resources, detailed information, in an information portal or other forum, provide support and access to applied resources and training specifically focussed on effective evaluation measures for PHPs and initiatives. As has been supported in other states such as Victoria (VDHS, 2013), an example is Annual Public Health and Wellbeing Forums have been undertaken to allow Victorian Municipalities to engage in PH planning information sharing and promote examples of evaluation measures (State Government of Victoria, 2017). Therefore providing additional access to facilitated training to support LGOs to foster skills in PHP evaluation skills, is advised.

Key findings and a summary of related recommendations are listed in the Table 8, to follow.

Table 8. Summary of policy and practice recommendations for each research question.

Research aim and sub questions	Related themes	Policy recommendations	Practice recommendations
This research aims to answer the question: What are the critical success factors associated with implementing a Public Health Plan in Local Governments within WA?			
Sub questions What are the enablers that support the implementation of a Public Health Plan?	Organisational capacity Partnerships	Facilitate the development of a grant program to support plan implementation approaches with a specific focus on co-planning between regional LGs to maximise efficiency and reach.	Investigate strategies to effectively engage external partners and stakeholders in plan development and implementation. Horizontal and vertical planning implementation and integration to be pursued in each LG.
Are there barriers that prevent Local Governments from implementing a Public Health Plan and what are they?	Advocacy Organisational Capacity Coordination and alignment	Support the development and provision of resources and training programs to upskill LGOs and managers in PHP implementation and evaluation processes, utilising direct engagement with WALGA. Investigate and formulate effective staff selection and retention policies to mitigate staff attrition. Explore external funding options and grant schemes to extend PHP development and implementation capacity.	Address PH Literacy knowledge gaps via training programs such as the South Australian example. Provision of training for LGOs specifically focussed on plan evaluation and monitoring processes in LG, recognising the importance of HP skills. Plan coordination rests with an advisory group with broad representation across each LG. PHP to be housed within a directorate and department that can effectively implement plan actions and assess outcomes.
Do local government staff in WA perceive they have the resources and capacity to implement the strategies within their Public Health Plans?	Partnerships Organisational capacity Reporting and evaluation	DOHWA and WALGA investigate the provision of both resources and incentives to LGs in WA to support the comprehensive evaluation of PHPs. DOHWA and WALGA explore effective options to access facilitated training to upskill LGOs in health promotion planning and evaluation.	Explore plan coordination strategies to effectively effuse implementation responsibility through multiple departments and business units, rather than relying on a 'key driver.' Formulate strategies to support alignment of PHP actions within staff work plans. Develop JDFs descriptors to reflect staff roles in PH plan implementation, skills in health promotion, implementation skills and evaluation of outcomes.

4.2 Implications and future directions

This thesis examined the critical success factors associated with implementing a PHP in three local governments in WA. This research sought to gain insight into the enablers and barriers that facilitated and impeded the plan implementation process experienced by staff working in the three study sites.

This research has utilised qualitative approaches to explore and assess the perceptions of local government officers who have implemented a plan. Using an exploratory, inductive approach, the study was guided by Diffusion of Innovations Theory (Rogers, 2003) and Self Efficacy Theory (Bandura, 2004) to explore the characteristics that hindered and promoted PHP implementation in a local government context.

A range of tools and techniques were used to assess the PHP implementation process in the study sites. These included qualitative inductive assessments of the critical success factors via in-depth interviews with LGOs, Managers and Elected Members. Furthermore, document analysis was undertaken to assess quantitative and qualitative content presented in a range of local government documents such as Local PHPs, Annual Reports (AR), Strategic Community Plans (SCP), Local Government Business Plans (LGBP), exemplary awards and associated artefacts reflecting Local PHP outcomes and intended actions to assess plan outcomes.

Analysis of the interview feedback resulted in the following themes emerging from the data; organisational capacity issues that impacted on LGs ability to implement PHPs effectively, advocacy factors that either supported or impeded plan implementation, the influence of internal and external partnerships, plan coordination and alignment, along with reporting and evaluation factors.

Document analysis, was undertaken to include an assessment of the planning and strategic documents derived from each of the three study sites; the degree of alignment with other strategic documents and a review of awards received by each LG in the study. It was observed that all three LGs observed in the study were recipients of a broad range of awards, from state and national award programs, highlighting their innovation and sustained commitment to the advancement of public health in their local communities.

The major findings of this thesis alludes to the following critical success factors impacting on Plan implementation; the impact of staff capability, effective governance, plan integration factors and monitoring and evaluation investment. This study illustrates the necessity for organisational capacity reviews to be undertaken prior to PHP development to identify capacity for PHP implementation to occur. Furthermore it illustrated the need for executive level Managers and Elected Members to embrace PHPs both in the initial planning phase and throughout the implementation process, fostering internal advocacy and political support for plan strategies to be efficiently implemented.

There was an expressed need for local governments to utilise staff recruitment strategies that consider the knowledge and skills associated with formalising effective partnerships, networking and an understanding of health promotion principles. On the whole, staff capability to implement PHP actions was sound, however extending skills in health promotion, namely evaluation and program monitoring skills were considered to be critical to the successful development and implementation of PHPs.

This research demonstrated that each LG has unique characteristics, diversity in demographics and internal structures. This study identified that PHP implementation approaches can be multifaceted. Whilst these variations exist in LG, there are simple strategies that can be considered to enhance PHP implementation, regardless of the characteristics of the LG or the community. Fostering support for internal advocacy, mobilising sufficient resources and the recruitment and retention of suitably qualified staff were critical success factors associated with effective PHP implementation. Furthermore, forming a dedicated coordinating group to steer and facilitate PHP actions, formalising partnerships via MOUs and developing clear reporting linkages between strategic organisational plans and frameworks, were considered to be success factors to propel PHP strategies and interventions forward.

This study highlights the need to explore effective strategies to foster internal advocacy for public health interventions and approaches more broadly within Local governments, furthermore it supported the need to facilitate further discussion and participatory planning efforts to embed Public Health actions and outcomes into local government services in a Western Australian setting.

This thesis has made a significant contribution to the emerging body of knowledge in PH planning and contributed to the development of new knowledge in the under researched area of PHP and implementation in local governments in a Western Australian context.

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Appendix 1: Open coding

Free nodes (Open coding).

Free Nodes	Referenced text (paragraphs)
Alcohol interventions	2
Align LG budget to community needs	3
Align specific KPIs to plan outcomes	6
Allocating specific plan strategies to staff supports implementation	9
Annually review link to PH plan	7
Avoiding duplication of programs and services	1
Building capacity for p health within LG	17
Building capacity for public health via partnerships	7
Capacity building within the community	4
Challenges around intervention development	2
Community development role	11
Community development roles easier to engage with	8
Community engagement a success	9
Community seeking information about plan	2
Strategic community Plan alignment	7
Community strategies originate from PH plan	7
Confusion around how to report to Health Department	9
Consider PH language when promoting to councillors	3
Consultant supported plan development	3
Coordinating group	17
Coordinating group member departments	7
Councillors limited understanding of PH plan and PH issues	5
Data drives plan actions and priorities	5
Degree of confidence to achieve plan outcomes	5

Departments involved in writing plan	7
Differing perceptions about what Public health is	7
Domestic violence a PH issue	2
Early plan adopters	7
EHO perceptions of role	2
Engage and liaise with other departments	12
Engagement with service provider to achieve outcomes	8
Environmental health outcomes	5
Environmental health role in planning implementation	7
Evaluation of smoking policies	1
Evaluation skills essential to assess plan outcomes	6
Event reporting software	3
Evolution of role beyond environmental health	6
Extensive consultation supports plan development	6
Facilitating and implementing interventions	2
Frustrations with integrated planning process	6
Funding for consultant to develop plan	2
Funding for PH actions needs to be a priority	4
Funding limits plan outcomes	9
Gaps in plan strategies	1
Governance models differ between committees	1
GP engagement to gauge community needs	2
Hard to get managers 'buy in' to support plan	20
Health Act requirements	11
Health and wellbeing a central role of LG	15
Health and wellbeing role brings departments together	12
Health Data access via local services	3

Health partners deliver selected plan outcomes	4
Health priorities outside of the scope of LG	5
Health promotion role in LG	21
Health promotion skills needed to guide planning and implementation	13
Health promotion skills vital for strategy delivery	11
Health promotion strategies	3
Healthway funding support Public health plan initiatives	3
Identify capacity for PH when developing Public health plan	8
Implementation an integrated approach	13
Improving plan reporting strategies	12
Inaction until Public Health act is enforced	4
Inadequate staff resources to implement actions	14
Increased awareness of nutrition behaviours an outcome	3
Initiatives to support child advocacy and protection	3
Integrated planning across departments	15
Key individuals drive interventions	1
Kudos and recognition	10
lack of planning knowledge resulted in missed opportunities	4
Lack of Public Health champions on council	11
Lack of understanding of reporting process	20
Lack of urgency to implement plan	7
LG role to engage service providers and identify gaps	20
LGO roles key plan drivers	16
LGs Fearful of Health Department requirements	6
Local community networks support external partnerships	8
Local community unsure as to where to access health services	1
Manager with health background suits plan implementation	4

Media and marketing	1
Meeting frequency	6
Mental health actions built into plan	5
Mental health strategies	6
Mining down turn impacted on regional plan outcomes	1
MOU consolidated partnerships	2
Multiple departments contribute to plan outcomes	13
New managers hard to engage to support plans	2
Nutrition and obesity policy implementation	5
Nutrition policies successful	5
Opportunities emerge for regional PH planning	5
Other planning items a priority in LG	12
Outcome measures limited and unclear	11
Partnering to achieve outcomes inexpensive	2
Partnering with food agencies successful	5
Passionate and innovative staff	4
Passionate and innovative staff	2
PH actions not a priority unless legislated for	4
PH actions running separate to Public health plan	2
PH Leadership a role for LG	5
PH managers diverse portfolios	1
PH Plan should link to officer work plans	1
PH Plan a new approach resulted in missed opportunities	1
PHPs perceived as having an impact on health	9
Physical activity resources and initiatives	6
Plan alignment	10
Plan coordination limited to few departments in LG	1

Plan facilitates partnerships between LG departments	13
Plan fosters external LG partnerships.	14
Plan legitimises public health actions	21
Plan outcomes include elevating organisational knowledge	3
Plan outcomes reporting difficult	19
Plan reporting cycle	9
Plan reporting shared within a team	3
Plan responsibility sits with multiple departments	15
Plan review	13
Plan review shapes implementation and coordination changes	5
Plan supports Public health events	2
Policy implementation	4
Policy smoking	5
Poor alignment with other council plans	7
Poor communication and siloed work areas	12
Professional development for EHO	2
Professional development re PH legislation	1
Public health considered outside of the role of LG	3
Public health evaluation key role in reporting	4
Public Health Service delivery fragmented	2
Public health units support Public health plan strategies	3
Quantify intervention data	2
Raising profile of health with managers	23
Raising the profile of Public Health internally	31
Raising the profile of the PH plan across departments	16
Reference groups and committees	3
Report health behaviours and knowledge	6

Reporting software training needed	1
Smoothie maker to engage youth in nutrition	2
Staff changes disrupt plan implementation	3
Staff selection planning skills essential	3
Steering group lacks key driver	3
Steering group representation	6
Strategic business plan	7
Strategic plan integration	8
Structured reporting	6
Substance abuse focus of interventions	3
Support needed to evaluate plan outcomes	1
Sustainability relies on staff retention	2
Terms of reference for coordinating group	1
Trail development limited by mining land tenure	2
Unrealistic plan objectives actions	3
Up skilling staff to understand planning a challenge	10
Walking school bus	1
Youth programs	1

Appendix 2: Interview protocol

Interviewee Details

Time:

Place:

Name:

Current Position:

Email:

Phone number:

1. What is your position title? Please describe your current role.
2. How long have you been working in your current workplace/council?
3. Tell me about how you support the implementation of the Public Health Plan within your local community. *(Prompt: what is your role? How do you support plan implementation?)*
4. Reflecting on your role in implementing the Public Health Plan, how confident are you in implementing the parts of the plan that you are responsible for? *(Perceived self-efficacy, construct/perceptions of ability)*
 1. Extremely confident
 2. Confident.
 3. Somewhat confident.
 4. Not confident at all.

Why do you feel this way?

5. Are there any specific components of the plan that you do not feel confident to implement?
6. Is there a specific committee or advisory group, tasked with implementing or overseeing the plan in your local government? If so, which types of agencies and stakeholder groups do they represent? *Prompt: How did the advisory group support the implementation of the plan strategies or actions? Was there a key driver?*
7. What would you say have been the major achievements of the Public Health Plan so far? *(Expected and unexpected. Prompt: Are there any plans to improve any elements that haven't work out?)*
8. Which elements of the Public Health Plan have not been achieved as expected? *Prompt: Why do you think this is? Are there any plans to improve the elements that haven't worked out? If so, what are they?*

9. Please describe how the plan implementation is measured or evaluated. *Prompt: How frequently are plan actions and strategies evaluated?*

10. Looking back, what could have been done differently to improve the plan implementation process? Do you have any suggestions or ideas that would make the implementation process more effective?

11. Has the Public Health Plan implementation been integrated into other planning processes within council? If so how has the integration been supported?

12. Has the Public Health Plan implementation fostered collaboration between departments within council? If so, can you provide an example?

13. Are community members or agencies involved in implementing the plan? *Prompt: If so, how do they assist with the implementation of strategies or actions outlined in the plan?*

14. Do you feel that Public Health Planning is a priority compared to other planning initiatives within your council?

1 High Priority 2 Moderate priority 3 Neutral 4 Low priority 5 Very low priority

Why do you feel this way?

15. What do you think has been the most successful part of the Public Health Plan implementation process from your personal perspective?

16. Do you feel that the Pubic Health Plan will make a real difference to the health of the community of [insert community name]?

17. Has the Public Health Plan generated any kudos for the Council? If so how?

18. Do you have additional comments that you would like to share?

Thank you for your time today. If you have any additional questions or comments, feel free to contact me on [REDACTED].

Appendix 3: Email content

Dear [Insert contact name]

I am emailing to seek your participation in a study that seeks to determine the critical success factors associated with implementing a Public Health Plan in Local Governments within Western Australia.

I am the research investigator for this project and I am based at the School of Medical and Health Sciences at Edith Cowan University. This project forms a part of a Masters by Research project (Public Health).

I am seeking your consent to voluntarily participate in an interview that will take approximately 50 minutes, at your place of work.

To support your understanding of the interview process and the study, I have attached an information sheet that outlines purpose and scope of the study.

Please let me know if you consent to being interviewed as part of the study in a responding email by the [insert date], indicating your preferred contact number. I will then respond with a phone call to clarify the most suitable time to schedule an interview.

If you have any questions relating to the study or the interview, please contact me on 63042094 or a.polley0@ourecu.edu.au.

Anne Polley

MPH candidate (Public Health)

Apolley0@ourecu.edu.au

Appendix 4: Information sheet

INFORMATION SHEET

Project Title: An exploration of the critical success factors associated with implementing a Public Health Plan in Local Governments within Western Australia.

The aim of this study is to explore the enablers and barriers associated with Implementing a Public Health Plan in Local governments in Western Australia. The research investigator for this project is Anne Polley, from the School of Medical and Health Sciences, who will manage this project as part of a Masters by Research project (Public Health).

Who is asking these questions?

Anne Polley, a Masters by Research student in the School of Medical and Health Sciences, will be conducting the interview. It should take approx. 50 minutes to complete the interview.

How will the information be used?

Information elicited from the interviews will be compiled to determine the enablers and barriers experienced by Local government Officers when implementing a Public Health Plan in Local Government in Western Australia.

Will I be identified by my participation in the interview?

You will not be identified in the interview findings. Your identity will not be included with any of the research findings. The interview will be audio recorded and transcribed by the research student and any identifiable information will be removed. The answers you give will be treated with confidentiality.

Do I have to do this interview?

Your participation is voluntary and you can withdraw at any time prior to the interview or during interview. Should you choose to withdraw during the interview, the information that you contribute will not be included in the research project findings. Should you choose to withdraw from the study following the interview, you may do so up until the study report has been prepared for publication.

Where will the interview be undertaken?

The interview will be undertaken at your workplace, during working hours at a time that it is convenient to yourself and your management team. The interview will be undertaken in a closed office to ensure confidentiality.

Benefits of the study and study feedback

An intended benefit of the study is to inform the resource and training requirements of Local Government Officers working in Local Governments in Western Australia to enhance and support Public Health Plan development. If you have any questions or would like a copy of the interview or study results, please request a copy by contacting the research Coordinator Anne Polley on 63042094 or a.polley0@ouredu.edu.au.

Does this research have approval?

The project has approval from the Edith Cowan University Human Research Ethics Committee. If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact: Research Ethics Officer, Edith Cowan University, 270 Joondalup Drive, JOONDALUP WA 6027. Phone: (08) 6304 2170 or Email: research.ethics@ecu.edu.au

Appendix 5: Consent form

Project Title: An exploration of the critical success factors associated with implementing a Public Health Plan in Local Governments within Western Australia.

The aim of this study is to explore the enablers and barriers associated with Implementing a Public Health Plan in Local governments in Western Australia.

I..... have read the information provided to me and any questions I have about the study have been answered to my satisfaction. Further,

I understand that:

- I will be participating in a 'one-off' interview that will take up to 50 minutes.
- The interview will be audio taped and transcribed. No identifying information will be recorded on transcripts.
- The results of the interviews will be amalgamated with results of data routinely collected in the respective support agencies and presented in written report formatted to Edith Cowan University.
- Data, information and audio tapes will be stored in a locked cabinet during the study and for a period of 7 years after the completion of the study, after which they will be destroyed.

I agree to participate in this research on the understanding that all records will remain confidential. My participation is also subject to me being able to withdraw from the research at any time without consequence.

For further information about the study please contact Anne Polley at a.polley@ecu.edu.au

Participant's Signature Date

Ethics approval number 19504. If participants have any complaints regarding the manner in which a research project is conducted, it may be given to the researcher or alternatively to the Ethics Officer, Human research Ethics Committee, Edith Cowan University 270 Joondalup Drive Joondalup, 6027 (Ph 6304 2170).